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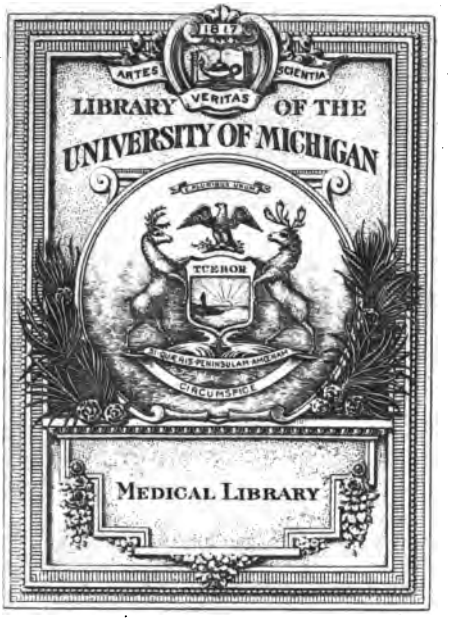
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TRANSACTIONS

OF THE

MEDICAL SOCIETY

OF

NEW JERSEY.

1873.

NEWARK, N. J.:
JENNINGS & HARDHAM, STEAM PRINTERS AND BOOKBINDERS,
153 and 155 Market Street.
1873.

OFFICERS, 1873.

PRESIDENT.

T. J. THOMASON, ... PERRINEVILLE.

VICE-PRESIDENTS.

1ST. G. H. LARISON, ... LAMBERTVILLE.
2D. WM. O'GORMAN, ... NEWARK.
3D. JNO. V. SCHENCK, ... CAMDEN.

CORRESPONDING SECRETARY.

WM. ELMER, JR., ... TRENTON.

RECORDING SECRETARY.

WILLIAM PIERSON, JR., ... ORANGE.

TREASURER.

H. R. BALDWIN, ... NEW BRUNSWICK.

STANDING COMMITTEE.

STEPHEN WICKES, Permanent Chairman, ... ORANGE.
S. C. THORNTON, ... MOORESTOWN.
THOS. RYERSON, ... NEWTON.

Medical
Schwab
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FELLOWS.

All persons who shall have been, or may hereafter be, Presidents of the Society, shall rank as Fellows, and be entitled to all the privileges of delegated members.

Act of Incorporation, Sec. 1.

Those marked thus [*] are deceased.

*Robert McKean.....1766
*William Burnett.....1767
*John Cockran.....1768
*Nathaniel Scudder.....1770
*Isaac Smith.....1771
*James Newell.....1772
*Absalom Bainbridge.....1773
*Thomas Wiggins.....1774
*Hezekiah Stites.....1775

* * * * *

*John Beatty.....1782
* —— Barber.....1783
*Law Van Derveer.....1784
*Moses Bloomfield.....1785
*William Burnett.....1786
*Jonathan Elmer.....1787
*James Stratton.....1788
*Moses Scott.....1789
*John Griffith.....1790
*Lewis Dunham.....1791
*Isaac Harris.....1792
*James Newell.....1795
*Jonathan F. Morris.....1807
*Peter I. Stryker.....1808
*Lewis Morgan.....1809
*Lewis Condict.....1810
*Charles Smith.....1811
*Matt. H. Williamson.....1812
*Samuel Forman.....1814
*John Van Cleve.....1815
*Lewis Dunham.....1816
*Peter J. Stryker.....1817
*John Van Cleve.....1818
*Lewis Condict.....1819
*James Lee.....1820
*William G. Reynolds.....1821
*Augustus R. Taylor.....1822
*William B. Ewing.....1823
*Peter I. Stryker.....1824
*Gilbert S. Woodhull.....1825
*Wm. D. McKissack.....1826
*Isaac Pierson.....1827
*Jephtha B. Munn.....1828
*John W. Craig.....1829
*Augustus R. Taylor.....1830
*Thomas Yarrow.....1831
*Fitz Randolph Smith.....1832
*William Forman.....1833
*Samuel Hayes.....1834
*Abm. P. Hagerman.....1835
*Henry Van Derveer.....1836
*Lyndon A. Smith.....1837

Benj. H. Stratton.....1838
*Jabez G. Goble..... 1839
*Thomas P. Stewart.....1840
*Ferdinand S. Schenck.....1841
Zachariah Reed.....1842
*Abraham Skillman..... ...1843
George R. Chetwood.....1844
Robert S. Smith.....1845
*Charles Hannah.....1846
*Jacob T. B. Skillman.....1847
Samuel H. Pennington.....1848
Joseph Fithian.... 1849
*Elias J. Marsh.....1850
John H. Phillips. 1851
*Othn'l H. Taylor.....1852
Samuel Lilly.....1853
*A. B. Dayton.....1854
J. B. Coleman..... 1855
Richard M. Cooper.....1856
Thomas Ryerson.....1857
*Isaac P. Coleman.....1858
Jno. R. Sickler.....1859
Wm. Elmer.....1860
Jno. Blane.....1861
Jno. Wolverton..... ...1862
Theo. R. Varick.....1863
Ezra M. Hunt.. 1864
Abram Coles.....1865
Benj. R. Bateman.....1866
Jno. C. Johnson.....1867
Thos. J. Corson.....1868
Wm. Pierson.....1869
Thos. F. Cullen..... 1870
Chas. Hasbrouck..... ...1871
Franklin Gauntt.....1872

HONORARY MEMBERS.

*David Hosack, New York 1827
*J. W. Francis 1827
*John Condict, Orange 1830
*Noah Parsons, Rhode Island 1839
*Reuben D. Murphy, Cincinnati 1839
Alban G. Smith, New York 1839
Willard Parker, New York 1842
*Valentine Mott, New York 1843
*Jonathan Knight, New Haven 1848
*Nath'l Chapman, Philadelphia 1848
*Alex. H. Stephens, New York 1848
*Lewis C. Beck, New York 1850
*John C. Torrey, New York 1850
George B. Wood, Philadelphia 1853
H. A. Buttolph, Trenton, N. J 1854
Ashbel Woodward, Franklin, Conn 1861
*Thos. W. Blatchford, Troy, N. Y 1861
Jeremiah S. English, Manalapan, N. J 1867
Stephen Wickes, Orange, N. J 1868
C. O. Vanderpool, Albany, N. Y 1872
Jos. Parrish, Philadelphia 1872
Ferris Jacobs 1872
C. A. Lindsley, New Haven, Conn 1872

MEMBERS OF DISTRICT MEDICAL SOCIETIES

REPRESENTED AT THE

ANNUAL MEETING, 1873.

BERGEN COUNTY.

(District Society organized February 28, 1854.)

F. Markoe Wright, *Pres't*,	*Englewood.*	Wm. Francis,	*Ridgewood.*
H. C. Neer, *V.-Pres't*,	*Park Ridge.*	Wm. H. Hall,	*Carlstadt.*
C. Hasbrouck, *Sec'y*,	*Hackensack.*	John J. Haring,	*Tenafly.*
J. T. DeMund, *Treas.*,	*Ridgewood.*	H. A. Hopper,	*Hackensack.*
M. S. Ayers,	*Fair View.*	J. M. Simpson,	*Schraalenburgh.*
A. S. Burdett,	*Hackensack.*	Robt. Stewart,	*Rutherfurd Park.*
H. A. Crary,	*Closter.*	A. P. Williams,	" "
D. A. Currie,	*Englewood.*	S. J. Zabriskie,	*Westwood.*

No. Members, 16. CHAS. HASBROUCK, Secretary.

BURLINGTON COUNTY.

(District Society organized May 19, 1829.)

Benj. H. Stratton,	*Mount Holly.*	E. P. Townsend,	*Beverly.*
A. E. Budd,	"	A. W. Taylor,	"
Richard E. Brown,	"	Alex. Elwell,	*Vincentown.*
Joseph H. Horner,	"	R. H. Page,	*Columbus.*
Franklin Gauntt,	*Burlington.*	George Goodell,	*Plattsburgh.*
J. Howard Pugh,	"	S. C. Thornton,	*Moorestown.*
David B. Vanslyke,	"	Theo. T. Price,	*Tuckertown.*
L. Van Rensselaer,	"	Lewis Sharp,	*Medford.*
Henry H. Longstreet,	*Bordentown.*	Enoch Hollingshead,	*New Egypt.*

Irene D. Young,	*Bordentown.*	Phineas H. Hibbard,	*Mannahawken.*
Louis Jemison,	"	John H. Furman,	*Pemberton.*

HONORARY MEMBER.

Dr. Zachariah Reed, *Mount Holly.*

REPORTER AND HISTORIAN.

S. C. Thornton, *Moorestown.*

No. Members, 22. E. P. TOWNSEND, Secretary.

CAMDEN COUNTY.

(Organized August 14, 1846.)

Richard M. Cooper,	*Camden.*	John R. Haney,	*Camden.*
John V. Schenck,	"	W. H. Ireland,	"
Thomas F. Cullen,	"	Thomas Westcott,	"
H. Genet Taylor,	"	John W. Snowden,	*Waterford.*
John R. Stevenson,	"	N. B. Jennings,	*Haddonfield.*
Alexander Marcy,	"	J. W. Hewlings, Jr.,	"
James M. Ridge,	"	C. H. Shivers,	"
Alexander M. Mecray,	"	H. E. Branin,	*Blackwoodtown.*
J. Orlando White,	"	J. W. McCullough,	"
Randall W. Morgan,	"	H. A. M. Smith,	*Gloucester City.*
Richardson B. Okie,	"	Geo. W. Boughman,	"
Isaac B. Mulford, Jr.,	"	Edwin Tomlinson,	"
D. Parrish Pancoast,	"		

HONORARY MEMBERS.

Joseph F. Garrison,	*Camden.*
Richard C. Dean,	*U. S. N., Washington, D. C.*
A. D. Woodruff,	*Princess Anne County, Maryland.*

No. Members 25. H. GENET TAYLOR, Secretary.

CUMBERLAND COUNTY.

(Society organized December 8, 1818.)

B. Rush Bateman,	*Cedarville.*	Charles H. Dare,	*Bridgeton.*
E. E. Bateman,	"	Robert W. Elmer,	"
R. M. Bateman,	"	T. J. Smith,	"
Ephraim Bateman,	"	H. W. Elmer,	"
George Tomlinson,	*Roadstown.*	William L. Newell,	*Millville.*

A. S. Tittsworth,	*Shiloh.*	Thomas E. Stathem,	*Greenwich.*
Joseph Sheppard,	*Bridgeton.*	S. G. Cattell,	*Deerfield.*
William Elmer,	"	Jno. C. Morgan,	*Pennsville, Salem Co.*
J. Barron Potter,	"		

HONORARY MEMBER.

Enoch Fithian, *Greenwich.*

No. Members, 17. H. W. ELMER, Secretary.

ESSEX COUNTY.

(Society organized June 4, 1816.)

A. K. Baldwin,	*Newark.*	Isaac A. Nichols,	*Newark.*
Milton Baldwin,	"	Wm. O'Gorman,	"
Abraham Coles,	"	Samuel H. Pennington,	"
J. W. Corson,	*Orange.*	Stephen Personett,	*Verona.*
Joseph A. Corwin,	*Newark.*	Wm. Pierson,	*Orange.*
L. M. Crane,	*Orange.*	Wm. Pierson, Jr.,	"
Jeremiah A. Cross,	*Newark.*	J. W. Pinkham,	*Montclair.*
A. N. Dougherty,	"	A. A. Ransom,	*South Orange.*
Christopher Eyrich,	"	J. W. Read,	*Newark.*
Gabriel Grant,	*New York.*	Wm. Rankin, Jr.,	"
Wm. E. Grover,	*Newark.*	Philippe Ricord,	"
Trevonion Haight,	"	D. M. Skinner,	*Belleville.*
Peter V. P. Hewlett,	"	Edward D. G. Smith,	*Newark.*
H. Campbell Hendry,	"	Lott Southard,	"
Edgar Holden,	"	C. W. Stickney,	"
Wm. H. Holmes,	*Orange.*	E. B. Thompson,	*Orange.*
Jos. B. Jackson,	*Newark.*	M. H. C. Vail,	*Newark.*
Eugene Jobs,	*Springfield.*	Arthur Ward,	"
George R. Kent,	*Newark.*	Jno. F. Ward,	"
Charles J. Kipp,	"	Ed. T. Whittingham,	*Millburn.*
H. A. Kornemann,	"	Stephen Wickes,	*Orange.*
C. F. J. Lehlbach,	"	Frank Wilmarth,	*East Orange.*
James C. Lindsley,	"	Addison W. Woodhull,	*Newark.*
Jno. J. H. Love,	*Montclair.*	Chas. Young,	"
A. M. Mills,	*Newark.*	Chas. M. Zeh,	"
Ed. P. Nichols,	"		

No. Members, 51. CHAS. YOUNG, Secretary.

GLOUCESTER COUNTY.

(Society organized December, 1818.)

Joseph Weatherby,	*Clarksboro.*	Charles F. Hitchner,	*Elmer.*
Samuel F. Fisler,	*Clayton.*	Andrew G. McPherson,	*Clayton.*
Henry C. Clark,	*Woodbury.*	J. P. Burnett,	*Pennsgrove.*
Luther F. Halsey,	*Swedesboro.*	W. H. Turner,	*Mantua.*
John H. Ashcraft,	*Mullica Hill.*	W. H. Iszard,	*Elmer.*
Jacob Fisler,	*Harrisonville.*	George C. Laws,	*Paulsboro.*
John D. Heritage,	*Glassboro.*	Paul S. Heritage,	*Mantua.*
L. A. D. Allen,	*Woodstown.*	C. Grant Garrison,	*Swedesboro.*

HONORARY MEMBERS.

Joseph Fithian,	*Woodbury.*	Charles Garrison,	*Swedesboro.*
Charles F. Clark,	*Camden.*		

No. Members, 16. WM. H. TURNER, Secretary.

HUDSON COUNTY.

(Society organized October 1, 1851.)

H. H. Abernethy,	*Jersey City.*	L. A. McBride,	*Jersey City.*
B. A. Andrews,	"	J. D. McGill,	"
David Benson,	*Hoboken.*	T. J. McLoughlin,	"
H. Bock,	*Jersey City.*	M. A. Miller,	"
J. A. Blake,	"	H. Mitchell,	"
E. W. Buck,	"	T. F. Morris,	"
J. H. Carpenter,	"	T. C. O'Callaghan,	"
C. H. Case,	"	J. Paul,	"
R. F. Chabert,	*Hoboken.*	J. J. Prendergast,	"
J. H. Comfort,	*Jersey City.*	F. G. Payn,	*Bergen Point.*
James Craig,	"	F. C. Ran,	*Jersey City.*
J. E. Culver,	"	D. L. Reeve,	"
H. M. Eddy,	"	F. C. Selnow,	"
J. R. Everitt,	"	S. V. W. Stout,	"
J. T. Field,	*Pamrapo.*	G. W. Talson,	*West Hoboken.*
Joseph F. Finn,	*Jersey City.*	J. W. Van Houten,	*Jersey City.*
S. R. Forman,	"	T. R. Varick,	"
A. Freeman,	"	C. O. Viers,	"
B. Gilman,	"	J. H. Vondy,	"
D. S. Hardenberg,	"	B. A. Watson,	"
J. W. Hunt,	"	J. Wilkinson,	"
A. A. Lutkins,	"	T. F. Wolfe,	"

No. Members, 44. M. A. MILLER, President.

HUNTERDON COUNTY.

(Society organized June 12, 1821.)

W. S. Creveling, *Pres.*,	*Stanton.*	G. T. Ribble,	*Milford.*
J. S. Cramer,	*Sergeantsville.*	M. Abel,	*Quakertown.*
C. H. Thompson,	*Stockton.*	N. B. Boileau,	*Perryville.*
O. H. Sproul,	"	John Blane,	"
C. W. Larison,	*Ringoes.*	G. H. Larison,	*Lambertville.*
A. S. Pittenger,	*Cloverhill.*	T. H. Studdiford,	"
C. M. Lee,	*Ringoes.*	S. Lilly,	"
Wm. Schenck,	*Flemington.*	H. B. Nightingale,	*Flemington.*
John Leavett,	*Baptisttown.*	G. R. Sullivan,	"

HONORARY MEMBERS.

J. R. Ludlow, John McKelway,
John F. Schenck, Henry S. Harris.
John Blane.

No. Members, 18. O. H. SPROUL, Secretary.

MERCER COUNTY.

(Society organized May 23, 1848.)

J. B. Coleman,	*Trenton.*	J. I. B. Ribble,	*Trenton.*
J. L. Taylor,	"	W. Elmer,	"
J. Woolverton,	"	H. Schaefer,	"
W. W. L. Phillips,	"	L. Leavitt,	"
T. J. Corson,	"	T. H. Mackenzie,	"
C. Skelton,	"	W. T. Lalor,	"
C. Hodge,	"	Jacob Quick,	"
R. R. Rogers,	"	C. H. Dunham,	"
C. Shepherd,	"	O. H. Bartine,	*Princeton.*
D. Warman,	"	J. Wyckoff,	"
J. L. Bodine,	"	E. L. Willing,	*Pennington.*
J. B. James,	"	G. S. Meeser,	*Titusville.*
H. W. Coleman,	"	J. W. Ward,	*Asylum.*
W. Green,	"	A. W. Armitage,	*Woodsville.*
E. H. Reed,	"	C. F. Deshler,	*Hightstown.*

No. of Members, 30. J. B. JAMES, Secretary.

MIDDLESEX COUNTY.

(District Society organized June 13, 1867.)

D. C. English,	*New Brunswick.*	C. M. Slack,	*Dayton.*
Rush Van Dyke,	"	N. Kaemmerer,	*New Brunswick.*
A. Treganowan,	*South Amboy.*	J. W. Meeker,	"
John Helm,	*New Brunswick.*	Chas. Dunham,	"
E. B. Freeman,	*Woodbridge.*	E. M. Hunt,	*Metuchen.*
C. H. Vorhees,	*New Brunswick.*	W. E. Mattison,	*New Brunswick.*
H. R. Baldwin,	"	G. J. Janeway,	"
D. Stephens,	"	C. Morragh,	"
N. Williamson,	"		

No. Members, 17. D. STEPHENS, Secretary.

MONMOUTH COUNTY.

(Society organized July 24, 1816.)

Wm. A. Newell,	*Allentown.*	John Cooke,	*Englishtown.*
John Vought,	*Freehold.*	James S. Conover.	*Freehold.*
Robert Laird,	*Squan Village.*	D. McLean Forman,	"
Robert R. Conover,	*Red Bank.*	A. K. Travers,	*Mattewan.*
J. E. Arrowsmith,	*Keyport.*	Asher T. Applegate,	*Englishtown.*
T. J. Thomason,	*Perrineville.*	P. B. Pumyea,	*Imlaystown.*
Joseph B. Goodenough,	*Blue Ball.*	S. H. Hunt,	*Eatontown.*
A. A. Howell,	*Allentown.*	C. C. Vanderbeck,	*Allentown.*
S. M. Disbrow,	*Squankum.*	Samuel Johnson,	*Long Branch.*
Henry G. Cooke,	*Holmdel.*	Charles A. Conover,	*Marlborough.*
A. A. Higgins,	*Squan Village.*	Isaac S. Long,	*Freehold.*

HONORARY MEMBERS.

J. S. English,	*Manalapan.*	Edward Taylor,	*Middletown.*
A. V. Conover,	*Long Branch.*		

No. Members, 22. JOHN VOUGHT, Secretary.

PASSAIC COUNTY.

(Society organized January 16, 1844.)

A. W. Rodgers,	*Paterson.*	C. S. Van Riper,	*Paterson.*
Lemuel Burr,	"	H. C. Van Gieson,	"
R. J. Whitely,	"	E. J. Marsh,	"
M. Moss,	"	G. H. Balleray,	"

G. W. Terriberry,	*Paterson.*	SARAH F. Mackintosh,	*Paterson.*
R. Kent,	"	R. D. Bogert,	"
Orson Barnes,	"	H. W. Reisberg,	"
Oswald Warner,	"	John Quin,	"
S. R. Merrill,	"	Patrick Cahil,	"
Wm. Blundell,	"	O. V. Garnett,	"
Wm. Bussel,	"	G. Terhune,	*Passaic.*
Jas. C. Ameraux,	"	R. A. Terhune,	"
T. J. Kane,	"	C. Van Riper,	"
Jas. H. Mackintosh,	"	J. C. Herrick,	"

No. Members, 28. C. VAN RIPER, Secretary.

SUSSEX COUNTY.

(Society organized August 22, 1829.)

T. H. Andress,	*Sparta.*	John Miller,	*Andover.*
J. L. Allen,	*Lafayette.*	L. D. Miller,	*Newton.*
Carlos Allen,	*Vernon.*	John Moore,	*Deckertown.*
J. B. Boss,	*Sparta.*	E. W. Maines,	*Flatbrookville.*
F. M. Cannon,	*Deckertown.*	J. F. McCloughan,	*Swartswood.*
J. P. Couse,	*Franklin Furnace.*	C. R. Nelden,	*Stanhope.*
H. N. Crane,	*Branchville.*	J. B. Pellet,	*Hamburgh.*
J. W. Collins,	*Tranquility.*	Thomas Roe,	*Walpack Centre.*
D. L. Duncan,	*Newton.*	Thomas Ryerson,	*Newton.*
Joseph Hedges,	*Branchville.*	Franklin Smith,	"
Jonathan Havens,	*Newton.*	D. M. Sayre,	"
P. N. Jacobus,	*Hainesville.*	Eugene Schumo,	*Layton P. O.*
W. H. Linn,	*Hamburgh.*	E. J. Westfall,	*Beemerville.*
C. V. Moore,	*Stillwater.*	Jacob Whitaker,	*Deckertown.*

No. of Members, 28.

UNION COUNTY.

(Society organized June 7, 1869.)

L. W. Oakley,	*Elizabeth.*	H. H. James,	*Rahway.*
D. W. C. Hough,	*Rahway.*	J. Otis Pinneo,	*Elizabeth.*
Jas. S. Green,	*Elizabeth.*	Alonzo Petit,	"
F. A. Kinch,	*Westfield.*	Thomas Terrill, Jr.,	"
Joseph S. Martin,	*Elizabethport.*	Wm. M. Whitehead,	"

Ph. H. Grier,	*Elizabeth.*	H. C. Pierson,	*Roselle.*
Wm. Gale,	*Westfield.*	T. N. McLean,	*Elizabeth.*
John S. Broshan,	*Elizabethport.*	J. A. Coles,	*Scotch Plains.*
S. E. Arms,	*Elizabeth.*	F. B. Gillette,	
Joseph H. Grier,	"	E. V. Stryker,	
W. N. Selover,	*Rahway.*	J. K. McConnell,	*Cranford.*
C. H. Stillman,	*Plainfield.*	A. Morrell Corey,	*New Providence.*
Louis Braun,	*Elizabethport.*	T. B. Tomlinson,	*Plainfield.*
T. L. Hough,	"	Wm. R. Gray,	*Summit.*
Samuel Abernethy,	*Rahway.*	H. P. Geib,	*Elizabeth.*
E. B. Silvers,	"	Sherman Cooper,	*Westfield.*
Robert Westcott,	*Elizabeth.*	H. D. Burlingham,	
J. S. Crane,	"	—— Kinch,	
J. B. Pobasco,	*Plainfield.*		

No. Members, 37.

WARREN COUNTY.

(Society organized February 15, 1826.)

P. F. Brakeley,	*Belvidere.*	Henry H. Reinhart,	*Hope.*
L. C. Cook,	*Hackettstown.*	L. M. Osmun,	*Philipsburg.*
S. S. Clark,	*Belvidere.*	J. F. Shepherd,	"
John C. Johnson,	*Blairstown.*	H. S. Harris,	*Belvidere.*
P. F. Hulshizer,	*Stewartsville.*	E. T. Blackwell,	*Hackettstown.*
John S. Cook,	*Hackettstown.*	Wm. M. Hartpence,	*Oxford.*
L. C. Osmun,	*Delaware.*	J. M. Paul, Jr.,	*Belvidere.*
Theodore Crane,	*Hackettstown.*		

HONORARY MEMBER.

James C. Fitch, *Hope.*

No. Members, 15. P. F. Brakeley, Secretary.

SUMMARY.

Bergen,	16	Middlesex,	17
Burlington,	22	Monmouth,	22
Camden,	25	Passaic,	28
Cumberland,	17	Somerset, (reported last year,)	11
Essex,	51	Sussex,	28
Gloucester,	16	Union,	37
Hunterdon,	18	Warren,	15
Hudson,	44		
Mercer,	30	Total,	397

TRANSACTIONS

OF THE

MEDICAL SOCIETY OF NEW JERSEY.

THE ONE HUNDRED AND SEVENTH ANNUAL MEETING.

The Society met in the Court House at Mt. Holly, on Tuesday Evening, May 27, 1873, at 8 o'clock.

The President, Dr. F. Gauntt, of Burlington, presided. All the other officers of the Society were also present.

The meeting was opened with prayer by the Rev. S. Miller, D. D., of the Presbyterian Church of Mt. Holly.

The Committee on Organization reported the following as duly accredited delegates (Dr. J. A. Cross acting on the Committee by appointment of the President):

Bergen—J. L. DeMund,* W. Hall,* J. J. Haring,* R. Stewart.* Members, 15.

Burlington—George Goodell, Henry H. Longstreet, E. P. Townsend, John H. Firman,* R. H. Page. Members, 22.

Camden—Alex. McCray, N. B. Jennings, E. H. Shivers, J. V. Schenck, H. G. Taylor. Members, 25.

Cumberland—Thomas J. Smith, A. S. Titsworth, R. W. Elmer, Charles H. Dare.* Members, 17.

Essex—E. B. Thompson, Daniel M. Skinner, Alex. N. Dougherty, A. D. Woodhull, C. J. Kipp, P. V. Hewlett, J. A. Cross, A. Ward.* Members, 51.

Gloucester—W. H. Turner, C. G. Garrison, C. F. Hitchner. Members, 16.

Hudson—B. A. Watson, M. A. Miller, J. D. McGill, R. F. Chabert, F. G. Payne, J. F. Finn, D. Benson, S. R. Forman. Members, 44.

Hunterdon—Isaac S. Cramer, M. Abel, O. H. Sproul. Members, 10.

Mercer—J. J. B. Ribble, J. L. Bodine, C. F. Deshler, E. L. Welling, W. W. L. Phillips, D. Warman. Members, 30.

Middlesex—C. H. Voorhees,* D. C. English, J. W. Meeker,* A. Treganowan. Members, 17.

Monmouth—Hon. W. A. Newell, C. C. Vanderbeck, Henry G. Cooke,* A. A. Howell,* P. B. Pumyea. Members, 22.

Passaic—L. Burr,* G. Terhune,* J. H. MacIntosh, O. Warner.* Members, 28.

Somerset—No delegates reported.

Sussex—Eugene Schumo,* F. M. Cannon,* J. P. Couse,* H. N. Crane,* C. V. Moore.* Members, 28.

Union—L. W. Oakley, J. O. Pinneo,* —— Kinch,* H. H. James, T. H. Tomlinson, J. R. McConnell.* Members, 37.

Warren—J. F. Brakely,* Thos. Crane,* P. F. Hulshizer.* Members, 17.

REPORTERS.

Bergen—R. Stewart.*
Burlington—S. C. Thornton.
Camden—R. M. Cooper.*
Gloucester—Charles Garrison.
Hunterdon—C. W. Larison.*
Mercer—C. Shepard.*
Monmouth—D. McLean Forman.*
Sussex—T. H. Andruss.*

On motion of Dr. Lilly, the report was accepted and adopted, excepting that portion which refers to the delegates from Hudson. A remonstrance against the admission of several of the delegates of the Hudson County delegation, was presented by Dr. Forman, on the ground that they were expelled members of the District Society. After discussion, on motion of Dr. E. M. Hunt, the remaining portion of report of Committee on Organization was received and referred to Committee on Ethics.

The Fellows who were present were:

B. H. Stratton, Zachariah Read, Samuel H. Pennington, John H. Phillips, Samuel Lilly, Thomas Ryerson, Wm. Elmer, John Woolverton, E. M. Hunt,

* Absent.

B. R. Bateman, Wm. Pierson, T. F. Cullen, Charles Hasbrouck. Dr. English, honorary member, was also present.

On motion of Dr. Lilly, the members of all the County Medical Societies who were present were invited to seats during the sessions of the Society. A similar invitation was extended the clergy of Mt. Holly.

The minutes of the last annual meeting were, on motion of Dr. Bodine, approved without being read.

Dr. Pugh, of Burlington, welcomed the Society as follows:

GENTLEMEN: As members of and delegates to the New Jersey State Medical Society, on behalf of the Committee of Reception of the Burlington County Medical Society, I bid you welcome to Burlington County, on this, the 107th anniversary of the State Society. Coming as you do, from all parts of the State as representative men of the advanced Medical Science of the age, and feeling, no doubt, the responsibility resting upon you as members of this, one of the oldest and most time-honored Medical Institutions of the country, you, with myself, must feel that the annually recurring meetings of the Society are events of no common importance. And in bidding you welcome to this, the county town of our County, to hold your deliberations, we not only do so as members of the same profession, and as co-workers with you in the laudable ambition to make it worthy of its high and noble aims, but it is with feelings of pride that you have so honored us, the physicians of Burlington County, as to come in our midst to hold your deliberations. And are not these feelings excusable? I think so; for when we look around us and see of whom this convention is composed, men who have done yeoman service in the cause of medical science, and by word and deed have helped it to keep even pace with all the material progress of the age, and who, I trust, in the future will help it to attain its *ultima thule*, perfection. We cannot but be proud of the opportunity to give you the right hand of fellowship, and greet you as friends and brothers, honoring us by your presence here.

Gentlemen, we hope and expect that the meetings and deliberations of the Society will be conducted in amity and good will. That we will meet, deliberate and part as those have the same great object, the advancement of our noble and loved profession; and that we may date from this, the 107th

anniversary of the Society, the commencement of a new era of progress for the profession of the State.

Again I welcome you, and sincerely hope that your short visit here will be passed very pleasantly, and that not only may your heads and hearts be satisfied, but that the inner man may be abundantly supplied. And in looking back to this meeting, may the retrospect be ever pleasant. Rest assured that the physicians of the county will do all that in their power lies to make your visit so pleasant, that in the future you may all feel it was well for us to have been there.

An invitation from the Burlington District Medical Society, for this Society to meet with it socially at Arcade Hall after the adjournment this evening, was received and accepted.

The President read the Annual Address.

On motion of Dr. Bodine, a vote of thanks was returned to the President for the address, and a copy requested for publication.

The Committee on Ethics reported in favor of receiving the delegation from Hudson as reported by the Committee on Organization. On motion of Dr. E. M. Hunt, the report was accepted and the delegation received.

Dr. Forman renewed his protest, when, on motion of Dr. Ryerson, it was

Resolved, That this Society receive the protest against the delegation from Hudson County, and refer it to a committee of five to report thereupon.

Drs. Ryerson, Pennington, Lilly, Hasbrouck and E. M. Hunt were appointed as the Committee.

The President announced the following Committees:

Committee on Treasurer's Accounts—B. A. Watson, B. H. Stratton, D. M. Skinner.

Committee on Unfinished Business—T. Ryerson, J. Woolverton, A. Treganowan.

Committee on Nominating Officers—W. A. Newell, Townsend, Taylor, Tits-

worth, Dougherty, Hitchner, Payne, Creamer, Welling, English, MacIntosh, Oakley.

The Society adjourned, to meet to-morrow morning at nine o'clock.

MORNING SESSION.

Nine o'clock. The President in the Chair.

The Standing Committee, by its chairman, Dr. Wickes, made the annual report, which, on motion of Dr. Pierson, was received and recommitted for publication. The Committee were given power to publish the report in full, or such portions of it as in their judgment it may seem best.

The Committee to inquire into the form and method of membership in the American Medical Association, reported as follows:

The Committee appointed to report on the mode of membership of the American Medical Association, are happy to say that already the Association has initiated a change in accordance with the views of this Society, as expressed at their last meeting; and in addition we have only to recommend that the Association should rely on State Societies as the only authority as to the regularity of County Societies within their bounds. We recommend that our delegation to the next meeting of the Association urge the passage of the proposed amendment.

E. M. HUNT,
C. HODGE, JR.,
S. LILLY.

The report was accepted and the Committee discharged.

Committee on Unfinished Business reported that they had examined the records and had found no unfinished business.

The Committee to revise the By-Laws made a report, which was received and laid on the table. (See Appendix No. I.)

The Committee to whom was referred the protest against

the admission of some of the delegates from Hudson County, reported as follows:

The Committee appointed to consider the written protest of certain members of Hudson County District Medical Society, against the reception of certain other persons as delegates for said District Medical Society, whose credentials have been accepted by the Medical Society of New Jersey, and who are now enrolled among its members, beg leave respectfully to report—

That they have not been able to procure the minutes of said District Society, or any authenticated copy of any minutes.

Also, that the different parties who have come before them, are unable to agree upon any state of the case, beyond the election in December, 1872, of the officers who have sent up the certificate of delegation.

Also, that the Secretary of the said District Society is now out of the country.

Therefore the Committee respectfully report that the questions at issue cannot now be determined, and beg to be discharged.

THOMAS RYERSON,
SAMUEL H. PENNINGTON,
SAMUEL LILLY,
EZRA M. HUNT,
CHARLES HASBROUCK.

The report was accepted and the Committee discharged.

The Treasurer made his annual report, which was received and referred to Committee on Treasurer's accounts. (See Appendix No. II.)

The following bills were introduced and referred to the same committee:

Wm. Elmer, Corresponding Secretary	$4 00
J. M. Reuck, for printing	14 00
S. Wickes, Standing Committee	605 23
Wm. Pierson, Jr., Recording Secretary	6 00
Committee of Arrangements	7 00

The Committee subsequently reported that they had examined the accounts of the Treasurer and compared them with the vouchers, and had found them correct. They also

recommended the payment of all the bills which were referred to them, and also that the annual assessment upon the District Societies for the coming year be $1.50, as recommended by the Treasurer. The report was accepted and the recommendation adopted.

The Corresponding Secretary read his report, and also letters from Drs. Joseph Parrish, Ferris Jacobs, C. A. Lindsley and C. O. Vanderpool, in response to his notification of their election as honorary members of this Society. (See Appendix No. III.)

The Secretary announced that he had just received the credentials of Dr. F. I. Buck, as corresponding delegate from the Medical Society of Pennsylvania. Dr. E. M. Hunt introduced Dr. Buck to the Society, when, on motion, he was duly admitted.

Dr. Lilly, in behalf of the delegation to the American Medical Association, and Dr. Love, in behalf of the delegation to the Medical Society of New York, read their reports, which were received. (See Appendix No. IV.) Dr. Pennington, delegate to Maine, Dr. Woodhull, delegate to Massachusetts, and Dr. Townsend, delegate to Pennsylvania, had been unable to attend the meetings. They were, on motion, excused.

Dr. Wm. O'Gorman, Third Vice-President, read an essay "A Speculation on the Operative Treatment of Non-Traumatic Peritonitis." The essay was received with loud applause; and, on motion of Dr. Oakley, it was

Resolved, That a vote of thanks be extended to Dr. O'Gorman for his scholarly essay, and that a copy be requested for publication.

Dr. Studdiford, the Essayist, read a paper entitled "Observations on certain Nervous Disorders, as they prevail among Women."

On motion of Dr. Lilly, the thanks of the Society were presented to Dr. Studdiford for his instructive paper, and a copy requested for publication.

Dr. Hasbrouck presented an appeal to the Medical Society of New Jersey from the action of the Medical Society of Hudson, expelling twelve of its members. On motion, it was received and referred to Committee on Ethics.

Dr. E. M. Hunt, by invitation, read a very interesting paper upon Medical Ethics.

The President being called home by sickness in his family, Dr. Thomason, First Vice-President, took the chair and presided until the close of the session.

On motion of Dr. Forman, the thanks of the Society were voted to Dr. Hunt for his essay, and a copy requested for publication.

A memorial from the District Medical Society of Hudson County was introduced by Dr. Forman, which, on motion, was received without being read and referred to Committee on Ethics.

Dr. Wickes, as Chairman of Standing Committee, called the attention of the Society to Article VI of the Constitution of the Hudson District Medical Society, the second section of which, in the judgment of the Committee, is a violation of the law of this Society, and should be repealed. Dr. Culver, of the Committee, made a minority report explanatory of the object and working of the law. After some discussion upon the subject it was, on motion of Dr. Hunt,

Resolved, That the recommendation of the Standing Committee as to a portion of Article VI, of Constitution of Hudson Medical Society, be referred to the said Society, with direction to expunge the same, as we regard it unconstitutional.

The report of the Committee on the revision of By-Laws, on motion, was taken from the table, and after being thor-

oughly discussed, so much of the report as follows, was, on motion, adopted:

CHAPTER I.

SEC. 1. To this section add as follows: "The reporters of the District Societies who furnish their reports to the Standing Committee on or before the 15th day of May, shall be *ex-officio* delegates of their respective societies, in addition to the regular delegation of the same."

SEC. 3. After the word "assessments," second line from the bottom of the page, insert "the *ex-officio* delegates shall furnish a certificate from the Chairman of the Standing Committee that they have fulfilled the conditions of their appointment."

SEC. 4. Fourth order. "Announcement of Committees on the Treasurer's Accounts, on unfinished business of the preceding year, and on nominating officers for the ensuing year."

CHAPTER II.

SEC. 2. Insert after the word "questions," (3d line of section) "appoint committees except when otherwise provided for."

SEC. 3. Add "The Third Vice-President shall read an essay upon some appropriate subject, at the first annual meeting subsequent to his election."

SEC. 5. After the word "papers," (6th line from bottom of section) insert "furnish credentials to delegates to other medical societies."

SEC. 7. After the word "incorporation," (9th line from top of page) insert "It shall be a Committee on Medical Ethics and Judicial Business, to whom the Society shall refer all appeals from District Medical Societies requiring adjudication, and their report, after examination in any case, shall be considered final, unless at its regular meeting, two-thirds of the Society resolve to take up the case for general discussion, and for the action of the Society as a whole.

SEC. 9. Sec. 6 of Chap. III, to be made Sec. 9 of Chap. II, and the next Sec. to be numbered Sec. 10.

CHAPTER III.

SEC. 1. Expunge the *proviso*.

SEC. 2. (New Section.) The proviso of the former Section "Nothing in these By-Laws," &c.

SEC. 6. Transfer to previous Chapter.

The other Section to be numbered anew.

CHAPTER IV.

SEC. 1. 5th rule. Insert after "vote," (second line) "by ballot."

SEC. 2. Insert after "vote," (second line) "by ballot." After the word "meeting," (second line from bottom of page) insert "The nomination shall be referred to a special committee of three, appointed by the President, and the nominee shall be considered as eligible to election till the Com-

mittee report. The privilege of honorary membership shall not confer the right to vote."

CHAPTER V.

SEC. 2. (New Section.) "The Committee on Nominations shall consist of a delegate from each District Society represented, who shall be chosen by his own delegation. The announcement of the Committee shall be made by the President."

Other Sections to be numbered 3 and 4.

So much of the report as refers to Chap. III, Sec. 3, was, on motion, laid upon the table.

CHAPTER VII.

8th order is expunged. To 9th order add "or to be published in the Transactions of the Society."

The Fee bill was, on motion, referred again to the Committee.

The Nominating Committee reported as follows:

For President—T. J. Thomason.
" *First Vice-President*—G. H. Larison.
" *Second* " —Wm. O'Gorman.
" *Third* " —J. V. Schenck.
" *Recording Secretary*—Wm. Pierson, Jr.
" *Corresponding Secretary*—Wm. Elmer, Jr.
" *Treasurer*—H. R. Baldwin.
" *Standing Committee*—S. Wickes, S. C. Thornton, T. Ryerson.

Delegates to American Medical Association—Drs. E. M. Hunt, S. Lilly, F. Gauntt, D. C. English, B. A. Watson, —— Tomlinson, S. C. Thornton, W. A. Newell, T. J. Thomason, J. V. Schenck, Marsh, James, Deshler, G. N. Taylor, MacIntosh, B. R. Bateman.

Delegates to Medical Society of Pennsylvania—Drs. Larison, Vanderbeck and Hodge.

Delegates to Medical Society of New York—Drs. Varick, Treganowan and Turner.

Delegates to Medical Society of Rhode Island—Drs. Pierson, Pumyea and Terriberry.

Delegates to Medical Society of Connecticut—Drs. Miller, Stratton and H. W. Elmer.

Delegates to Medical Society of Massachusetts—Drs. Dougherty, Dunham and Van Slack.

Delegates to Medical Society of Maine—Drs. Blaine, Abernethy and Welling.

Long Branch was nominated as the place for the next annual meeting.

The report was, on motion, accepted.

It was voted that the next annual meeting be held at Long Branch, and that the hour for the meeting be 7.30 o'clock, P. M.

All the delegates for the respective Societies, as reported by the Committee, were duly appointed by the Society.

Dr. Baldwin was appointed Teller. A ballot was taken, when the persons named by the Committee, for the respective offices, were declared duly elected.

Dr. C. H. Kipp, of Newark, was appointed Essayist for the next meeting of the Society.

Drs. John Vought, Henry G. Cooke, S. H. Hunt, R. R. Conover and Robert Laird were appointed a Committee of Arrangements for the next meeting of the Society.

On motion of Dr. Baldwin, it was

Resolved, That the thanks of the Medical Society of New Jersey be tendered to the Board of Chosen Freeholders of Burlington County, for the use of the Court House building, at the annual session of 1873.

Resolved, That the Medical Society of New Jersey gratefully recognize the courtesy of the Committee of Arrangements for the entertainment and hospitality extended to them by the Burlington County Medical Society, and the citizens of Mount Holly.

On motion, the Society adjourned.

WM. PIERSON, Jr.,

Recording Secretary.

APPENDIX TO THE MINUTES.

NUMBER I.

REPORT OF THE COMMITTEE TO REVISE THE BY-LAWS.

The Committee upon *Revision of the By-Laws* respectfully report, that they have caused to be printed in a convenient form for the examination of the members of the Society, the alterations which they deem to be worthy of adoption. The additions to the By-laws which have been made since 1866, and the provisions growing out of them, will be found to be incorporated in the laws in their appropriate relations. Some new sections have been added under their proper heads. The Committee would offer no comment upon any except Sec. 2, Chap. III., which reads as follows: "Every medical practitioner in the State, of good moral character, holding a recognized degree of Doctor of Medicine, and conforming himself to the code of ethics adopted by this Society, is entitled to membership in the District Society of the county of his residence."

It will be remembered that in 1870 the Standing Committee was directed to inquire into and report upon the rights of persons making application for membership of the District Medical Societies. This committee subsequently reported that there is no provision in our Constitution which meets the case of one who appeals to the State Society from the unjust action of any District Society; and further, that by sec. 3 of act of incorporation, the Society has the power to make such provision. The committee further reported that it is theoretically true that this Society is organized and sustained for the protection of the profession of the State, and of the rights of all regular medical practitioners therein: though the cases of appeal will be rare, yet they *may* arise, under circumstances which might render it desirable that this Society should have the power to interfere and review the action of the local societies. There was some diversity of sentiment in your committee upon the propriety of recommending this section for adoption, yet in view of the above considerations, as presented by the Standing Committee in 1871, and of the known sentiments of many members of this Society, it was unanimously agreed that it should be presented for its consideration.

At the last annual meeting of the Society, two amendments to the By-laws were proposed, relating to the ratio of representation and the election of permanent members. The Committee have given these proposed amendments their careful consideration, and are unanimously of the opinion that they will not add to the efficiency of this Society, or promote the well-being of the local Societies, and for the following reasons:

First, in regard to *representation*. The preamble to the resolution upon

this subject bases the proposal upon the fact that greater usefulness and a greater degree of interest among the medical men of the State would be secured in this Society. Your Committee submit that the District Societies, without regard to the numbers of which they are composed, have an equal claim upon the care and protection of the State Society. That a society of five members is entitled to the same rights, and is in reality clothed with the same rights, as a society of fifty members. The Committee believe that the interest of the smaller societies in *this* Society is more likely to be retained if all the District Societies shall stand upon the same footing, having three delegates at large and additional delegates according to the number of their members. The smaller societies are found in those counties where the population is comparatively sparse and where the medical men have few opportunities of intercourse with each other. They place a high value upon representation in the State Society. To these especially, exposed as they are to temptations to minor irregularities in practice, and deprived of the benefits of frequent professional association, this Society should extend its fostering care, and exert as large a degree of influence as possible for the promotion of the honor and dignity of the profession in the person of its members.

We say "temptations to irregularities," etc., because we know that in sections of the State not a few, nostrums and quack remedies are recommended and freely and habitually used by too many of our medical practioners, and consultations are held with those whom our code of ethics regard as unworthy of recognition. Professional demoralization quite surely follows the neglect or the deprivation of the benefits of professional association. It is a noticeable and, we think, a suggestive fact in this connection, that our annual volume of Transactions is more earnestly looked for and more prized by the smaller societies than by the larger. Your Committee believe that we should strengthen rather than weaken the tie which binds it to this portion of its constituency.

The second proposed amendment relates to permanent membership. It might be sufficient to say respecting this proposal, that it violates our corporate act. Section One provides that the Medical Society of New Jersey shall be composed of Delegates, Officers for the time being, and Fellows. Permanent members would constitute a new element in the composition of the Society which is not recognized in its charter.

The statute can doubtless be amended upon application to the Legislature, if the Society should deem it desirable. As the creation of permanent members has not infrequently been suggested, the Committee take this opportunity of offering some considerations with reference to the expediency of thus modifying our plan of organization.

To one who may have given his attention to the mode by which this Society is constituted, both under the statutes prior and subsequent to the charter of 1866, it is strikingly manifest that it has always been and still is in intimate relations with its constituency. It is practically in the hands of the District Societies through their representatives. The ex-presidents are made, by virtue of the office which they have held, members in perpetuity. Their number is necessarily small, and must continue so to be—enough to secure the easy working of the Society at its annual meetings, and not enough to control its action. That the claims of its constituency have been guarded with jealous care is illustrated by the fact, that a Fellow, unless a delegate, has no voice in the nomination of its officers. These permanent

members, under our present plan of organization, can never increase to any great degree; during the last twelve years twelve have been removed by death, so that the number is no greater now than it was twelve years ago, while the delegates from the local societies have largely increased. It may be remembered by some in the Society now, that about ten or twelve years since, even our limited number of Fellows was, in a certain portion of the State, regarded with jealousy, as exerting a controlling influence; and a movement was initiated, but not carried out, to diminish their influence by legislative action. A *new* element of *permanent membership* would, in the course of a few years, so change the composition of the Society as to bring it under its control, and would so far remove it from the sympathy and personal interest which its constituents now manifest. Another result of such a change would almost necessarily follow, in the increased and disproportionate power of the larger societies in the State Society, furnishing as they would, the largest portion of the permanent members.

The Medical Society of the State of New York is constituted by delegates and permanent members. The Committee infer that its high rank among our State Societies, and the moral power of its example upon the profession at large, have led many to regard it as a model for imitation. We propose to analyze somewhat its practical workings. It has a constituency of 2432, of this 306 are permanent members—12½ per cent. Taking the five years from 1866 to 1871, there was an average attendance at its annual meeting of permanent members 87, of delegates 73. These delegates were a fraction less than 3 per cent. of the constituency. In these five years there was an average majority of 14 permanent members. In 1871 the majority was 31. In that year (1871) there were 60 County Societies; 17 sent no representation, 21 had only *one*. The Presidents of the Society and the important committees are taken almost wholly from the permanent members. Those who have attended the annual meetings of this Society need not be told that its whole working is in the hands of its permanent membership.

In contrast, we notice our own Society. We have a constituency of 381 members; Fellows 24—6 per cent. of the whole. At our last meeting, the delegates in attendance numbered 70 (New York 73)—18½ per cent. of its constituency; Fellows in attendance 13, less than one-fifth of the whole. *Every* District Society was represented.

Your Committee regard our State Societies as organized for the welfare of the profession within their respective bounds. We have an association national in its character and *designed* to be national in its influence. The Society of which we have spoken deservedly holds an exalted rank, and is, we believe, national in its influence; and we recognize the fact that this is largely due to its system of permanent membership. As a *State Society* it is less in sympathy with the profession within its bounds because of this feature of its organization.

Your Committee is unanimous in the conviction that the statistics now given, and their contrast in the two societies are conclusive that for "increasing the usefulness and securing a greater interest among the medical men of the State" toward itself, the Medical Society of New Jersey has adopted the "more excellent way."

At the last annual meeting a resolution was adopted, that "any member of a District Medical Society, against whom any charge is made in such Society, who shall arrest the action of such Society by an appeal to the courts, shall be considered in contempt of the laws governing the profession,

and, *ipso facto*, is to be deemed expelled from such Society." Your Committee do not recommend its incorporation in the by-laws, for the reason that such a provision would, in their opinion, prove a nullity. The Medical Society of New Jersey is created, and protected in its rights, by the authority of law, and the power which creates and protects a corporate body, extends equal protection to all those who compose it. It seems also to the Committee that such a law is contrary to the laws of this Society, which provides that a member accused shall first have notice and time given for defence.

STEPHEN WICKES,
WM. PIERSON, Jr.,
S. H. PENNINGTON, } *Committee.*

NUMBER II.

TREASURER'S REPORT.

NEW BRUNSWICK, May 26, 1873.

Gentlemen of the Medical Society of New Jersey:

Your Treasurer reports that a cash balance of $179.95 remained in his hands at your last session. This amount was increased by the payment of the following assessments upon District Medical Societies:

Balance,	$179 95
Gloucester, due bill $30; assessment, $13,	43 00
Hudson,	49 00
Mercer,	27 00
Bergen,	15 00
Camden,	24 00
Middlesex,	19 00
Monmouth,	20 00
Warren,	26 00
Burlington,	22 00
Union,	33 00
Cumberland,	17 00
Passaic,	25 00
Somerset,	10 00
Sussex,	27 00
Hunterdon,	15 00
Essex,	49 00
Total,	$600 95

He has paid the following bills:

S. Wickes, Chairman,	$497 29
Murphy & Bechtel,	3 50
Newark Daily Advertiser,	2 00
Committee of Arrangements,	5 00
W. Elmer, Corresponding Secretary,	4 50
Wm. Pierson, Jr., Recording Secretary,	4 00
	$516 29
To balance account,	84 66
	$600 95
Assets in Newark Savings Institution,	$1,000 00
Balance in hand,	84 66

The Treasurer finds that the annual assessment of $1.50 per member to each District Society will meet the present wants of the Society, and would, therefore recommend a continuance of the present assessment.

All which is respectfully submitted.

HENRY R. BALDWIN, *Treasurer.*

NUMBER III.

REPORT OF CORRESPONDING SECRETARY.

TRENTON, May 28, 1873.

The Corresponding Secretary would respectfully offer the following Report: In conformity with his duties as Secretary, notices were duly sent to the gentlemen elected at the last annual meeting to Honorary Membership of our Society, viz., Drs. S. Oakley Vanderpoel, New York: Joseph Parrish, Pennsylvania; Lewis Jacobs, New York; and Prof. C. A. Lindslay, Connecticut.

From each of these a letter of acknowledgment has been received, expressing their thanks and their appreciation of the honor thus conferred.

Fifty copies of the Transactions were received from the chairman of the Standing Committee, and these were distributed to our honorary members, to other State Societies in communication with our own, and to the leading medical journals of the country. Respectfully submitted,

W. ELMER, JR.,
Cor. Secretary N. J. M. S.

DR. W. ELMER, *Cor. Secretary N. J. Med. Society:*

MY DEAR SIR—Your kind letter informing me of my election as Honorary Member of the Medical Society of the State of New Jersey, is received.

You will please present to the Society my full appreciation of the honor conferred, and assure its members of my sincere regards and desire for prosperity and happiness.

I am, with great respect, yours truly,

DELHI, N. Y. FERRIS JACOBS.

HEALTH OFFICER'S DEPARTMENT, QUARANTINE, S. I.
June 11, 1872.

W. ELMER, M. D.,

Cor. Secretary N. J. Med. Society:

DEAR DOCTOR—Your note of June 7, informing me of my election as an Honorary Member of the New Jersey State Medical Society, reached me at this place.

Be pleased to convey to the Society my gratification at the honor thus conferred, and my earnest wishes for its growth and prosperity.

Accept for yourself my thanks for your courteous note, and my expressions of personal regard. Yours, truly,

S. OAKLEY VANDERPOEL,
Health Officer for the Port of New York.

NEW HAVEN, May 20, 1873.

WM. ELMER, M. D.,

Cor. Secretary of N. J. Med. Society:

DEAR SIR—I beg to acknowledge my deep sense of the honor conferred upon me by my election as an Honorary Member of the Medical Society of my native State.

My life long interest in all that concerns the honor and prosperity of New Jersey—my pride in her wonderful enterprises and her well-deserved prosperity—and especially in the honorable zeal and enthusiasm which still as ever gives character to our profession within her borders, will be increased and intensified by this new connection with her venerable Medical Society.

I had hoped to be present at your approaching Convention, and express my thanks in person, but circumstances beyond my direction, will forbid me that pleasure. I beg, therefore, through you, to give expression to the sincere and peculiar gratification which your Society has afforded me, in taking such honorable notice of an absent though still filial son of New Jersey.

I have the honor to remain,
With the highest respect, yours, etc.,

C. A. LINDSLEY.

MEDIA, PENN., JULY 25, 1872.

WM. ELMER, Jr., M. D.,

MY DEAR DR.—On my return from Europe very recently, I found your letter conveying to me the intelligence of my being elected an Honorary

Member of the New Jersey Medical Society. It is with pleasure and pride that I accept this distinguished acknowledgment on the part of my many friends in New Jersey. My professional career was commenced in your State, and at that time I took an active part in all that concerned the profession there, and I can truly say that I appreciate very highly the election to honorary membership of the State Society.

I shall be pleased to attend its meetings when I can, and will thank you for information as to the times of meeting, etc.

Most truly,

JOSEPH PARRISH.

NUMBER IV.

REPORT OF DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION.

To the New Jersey Medical Society:

The undersigned, delegate to the American Medical Association, respectfully reports, that he attended the last meeting of the Association, which commenced its sessions at St. Louis, Missouri, on the 6th inst., and was joined by Drs. Fisher and Miller of Gloucester county, Dr. Taylor of Camden, and Drs. Thornton and Sharp of Burlington county.

The meeting was largely attended, four hundred and fifty delegates and permanent members having registered their names.

The session was the most harmonious one I ever attended; none of those exciting questions or personal controversies which have heretofore agitated and disturbed the deliberations of the Association having been introduced.

The Association was welcomed to St. Louis by Dr. Moore of that city, who received us in behalf of the profession and citizens in a warm and cordial manner; after which he described the great wealth and improvements of St. Louis, its advantages for trade, and what it had done and was doing for the cause of medical science and humanity.

Dr. Johnson, chairman of the Committee of Arrangements, followed in a neat speech, reiterating the words of welcome, and announcing the programme of meetings, entertainments, etc., the latter of which were on the grand scale usual to such occasions.

The address of the President, Dr. Logan, followed. This was a well-written paper, in which the eloquent author adverted to the condition of the Association, past, present and future, and its relations to the profession and the community at large. He dwelt at great length on the relations of the profession to the United States and State governments, advocating warmly a union between the two, and urging the establishment of a Bureau of Public Hygiene and State Medicine, in connection with one of the depart-

ments at Washington, the Commissioner to be nominated by the Association. As this seemed to be a step toward making the Association a sort of political machine, it met with no responsive action by that body, except so far as to change the standing committee on "Climatology and Epidemic Diseases," for one to be designated the "Committee on Public Hygiene and State Medicine," to be composed as heretofore of one from each State represented, and to refer the whole matter to the new committee.

The by-laws of the Association were modified and amended in several important points.

The old committee on ethics was abolished, and a Judicial Council of twenty-one members constituted, to consist of seven members elected for one year, seven for two years and seven for three years, the term of office to be for three years after the first two elections, one-third to go out of office each year. To this Council are to be referred all questions of ethics, claims to membership in the Association, and all questions of a personal nature, such reference to be without debate, and the decision of the Council to be final. This, in the opinion of the best minds of the Association, will rid it of those agitating and exciting questions which have heretofore disturbed the harmony of the meetings, and impaired the usefulness and influence of the Association.

In lieu of reports from the chairmen of the committees on Medical Education and Medical Literature, addresses are to be delivered by the chairmen of the sections on "Anatomy and Surgery," on the "Practice of Medicine, Materia Medica and Physiology," and on "Obstetrics, and the Diseases of Women and Children"—these chairmen to be selected for their fitness for the position. It may be proper to state here, that the first place was filled by the selection of Prof. S. D. Gross of Philadelphia, the second by Dr. N. S. Davis of Chicago, and the last by Dr. T. Parvin of Indianapolis. It is believed that these changes will make the meetings much more interesting in a scientific point of view, and the transactions what they should be, a reflex of the state of the profession in the country.

Alterations to the constitution were presented, and lie over for one year looking to a change in the appointment to and restricting the membership of the Association to delegates from the State and County Medical Societies; thus carrying out, so far as could be done, the views of the New Jersey Medical Society, as expressed in the instructions to her delegates at the last annual meeting.

The meetings of the various sections were very interesting, and more fully

attended than on any former occasion with which I have been acquainted. The subjects discussed were of vital importance to the profession at large, but so varied and comprehensive in their character as to forbid more than this passing notice. The more important will be published in the volume of Transactions soon to be issued. Measures were taken to secure phonographic reports of these discussions at all future meetings, and preserve to the profession much that is valuable in the experience of the members taking part in the discussions, which has heretofore been lost, except to those who were so fortunate as to be present.

On the evening of Thursday, Dr. J. J. Woodward, of the U. S. A., delivered an able and most interesting lecture on Cancer, illustrated by a large number of micro-photographs of morbid specimens, thrown on a screen by means of the magic lantern. All who had the good fortune to be present will long remember the great gratification experienced, the evidence of which was attested by the hearty vote of thanks accorded to the able gentleman at the close of the lecture.

A resolution was adopted providing for the appointment of a committee of one member from each of the original thirteen States, to prepare and present an address to the Centennial Celebration in Philadelphia in 1876, on the connection of the members of the medical profession with the great struggle for Independence. This being a very important and interesting committee, the appointments were deferred until the next meeting, in order that the profession in the different States may be consulted, and the best men for the position selected.

Dr. Toner, of Washington, D. C., was elected President of the Association, and Detroit, Michigan, was designated as the next place of meeting. The time to be the first Tuesday of June, 1874, one month later than heretofore.

In distributing the appointments on the various committees, New Jersey was honored as follows: Dr. E. M. Hunt was placed on the Committee on Public Hygiene and State Medicine; Dr. Blane on that of Necrology; and Dr. S. Lilly was made a member of the Judicial Council for two years.

The Association, after having enjoyed the polite attentions and the warm hospitality of the profession and citizens of St. Louis, adjourned on Friday, 9th inst.

Respectfully submitted,

May 28, 1873. SAM'L LILLY.

REPORT OF DELEGATES TO THE MEDICAL SOCIETY OF N. Y.

The undersigned have the honor to report, that, as delegates from the Medical Society of New Jersey, we attended the annual meeting of the Medical Society of the State of New York, held at Albany, February 4, 5 and 6, 1873.

That on being introduced by the Chairman of the Reception Committee, we were most cordially received by that Society, and tendered to them the congratulations and good wishes of this Society.

That we heard with interest some twenty valuable medical papers read before that Society by prominent medical gentlemen of that State, and that an equal number of contributions were referred to their Committee on publication, for want of time.

The undersigned would beg leave to call the attention of this Society to this fact, showing that the physicians of that State are utilizing, to a wonderful degree, their faculties of observation. We commend the example of these men as worthy of emulation by the physicians not only of New Jersey, but of every State throughout our land.

JNO. J. H. LOVE,
E. M. HUNT.

PRESIDENT'S ADDRESS.

Gentlemen of the Medical Society of New Jersey:

Three years ago you conferred upon me the distinguished honor of electing me your third Vice-President. I then felt that I deserved no such prominence. Every day since has increased the belief that you were not sufficiently careful in the selection of an officer, who, by the custom of succession, is to occupy the most prominent position, and preside over the deliberations of a Society eminent amongst organizations of the highest moral excellence, as well as literary and scientific attainments.

This standard can only be maintained by the District Medical Societies, whose representatives compose the majority of this body.

If I could do justice to my position, I would cover myself with a panoply of glory, and this Society with an honor that her unsullied name so richly deserves.

The subject that I propose to discuss, occupies a conspicuous place in the study of physical laws, with which you are all familiar. Yet there are some essential points that the zoologists and scientists of the day have made salient, by all sorts of assertions, such as "When life first became possible on earth, it found expression in forms differing from those now existing."

These first populations were changed again and again, leading at last to the animal kingdom as we know it now, with man at its head. What connection is there between all these

successive populations? Are the quadrupeds the descendants of any earlier vertibrates, and are we ourselves the descendants of the first born mammalia?

These theories and questions are heralded to millions by the daily press—the great power and moulder of public opinion.

The physician meets the readers of these papers in his business and social intercourse, and of all others should he be able to answer all these questions, and fix the time, if any be, when these changes ceased to take place, or whether they are still going on at variance with the "unchangeable laws of nature." Are animals and plants reproducing themselves in perfection now, or are transformations continually taking place that escape our observation?

When was the law of God set aside, that proclaimed "Let the earth bring forth the living creature after his kind, cattle and creeping things, and the beasts of the earth after his kind; and it was so."

"God created man in his own image, in the image of God created he man; male and female created he them."

"And God said unto them, have dominion over the fish of the sea, and over the fowl of the air, and over every living thing that moveth upon the earth."

"God saw everything that he had made, and behold, it was very good."

If this be true, than which nothing is more so, what does it mean? Does it not remove every doubt? Is there not a distinct line drawn between the creation of the beasts of the earth, and the creation of man? A male and female man were created for a special purpose, and that for the perpetuation of the likeness of God. Had the Creator intended that orang-outangs, baboons, monkies, or other beasts of the field should produce a man, he would have so ordained it.

By the laws of nature—by which I mean the laws of God—

I propose to show that all life is from the same source; that every animal and plant reproduces itself in the highest degree of perfection; and that it is reasonable to suppose that epidemic, infectious or contagious diseases are disseminated by the same immutable law.

The first is made apparent by carefully revising the distinguishing characters of all organized beings, and their resemblance to each other.

Natural bodies, when viewed as they have a relation to man, are marked with characters so apparent, that they can not escape the observation of the most unenlightened mind. In a system where all the constituent parts have a reciprocal dependence, and are connected by relations so subtile as to elude the perceptions of animals, such obvious characters were indispensable. Without them, neither the affairs of human life, nor the functions of the brute creation, could be carried on. Characters of this kind are accommodated to the apprehension of brutes and of vulgar men.

But when the productions of nature are more closely examined, when they are scrutinized by the eye of philosophy, the number of their relations and differences is discovered to be almost infinite; and their shades of differences are so delicate that no sense can perceive them.

Nothing, apparently, is more easy than to distinguish an animal from a plant; and yet the proper distinction has puzzled the most acute inquirers, and perhaps exceed the limits of human capacity.

"A plant," says Junguis, "is a *living*, but not a *sentient* body, which is fixed in a determined place, and grows, increases in size, and propagates its species." In this definition living powers are ascribed to vegetables; but they are denied the faculty of sensation.

Life, without some degree of sensation, is an incomprehen-

sible idea. An animal, limited to the sense of feeling alone, is the lowest conception we can form of life. Deprive this being of the only sense it possesses, and though its figure should remain, we would instantly conclude it to be as inanimate as a stone.

The life attributed to plants seems to be nothing more than an analogical deduction from their growth, nutrition, continuation of their species, and similar circumstances.

We know not the principle of animal life. We are equally ignorant of the essential cause of vegetable existence. It is vain, therefore, to dream of being able to define what we never can know. We may, however, discover some qualities common to the animal as well as the vegetable.

Sensations, motion, and structure of parts, give animals a more extensive range in comparison with external objects A certain portion of intellect, joined to the vital principle, seem to be the most distinguishing properties of animals, and to constitute their essence or being. They have the laws of nature, in some measure, at command. They protect themselves from injury by employing force, swiftness, address and cunning. But vegetables remain fixed in the same place, and are subject to every thing that moves. Animals eat at intervals; their food requires time for digestion, and to answer the complicated purposes of secretion and nutrition.

The structure of a plant is more simple; they receive perpetual nourishment without injury.

Animals search for, and select, particular kinds of food. But plants must receive whatever is brought to them by the different elements. Animals exist on the surface and in the interior parts of the earth, in the air, in water, in the bodies of men and other animals, in the internal parts of plants, and even in stones.

But, if we may except a few aquatics, plants are fixed to the earth by roots.

All animals, it has been affirmed, have a heart, or particular fountain for the propelling and distributing their fluids to the different parts of their bodies; but caterpillars and many other insects have no such general receptacle.

The locomotive faculty has been considered as peculiar to animals; but even this is extremely suspicious. Oysters, sea nettles, the gale insect, and a variety of others, can hardly be said to have the power of locomotion. Many species remain fixed on the rocks on which they are produced, and have no motion but that of extending and contracting their bodies.

The sensitive plant possesses the faculty of motion in an eminent degree. The slightest touch makes its leaves suddenly shrink, and, together with the branch, bend down toward the earth. The American plant called *Dionæa Mucipula*, or *Venus' fly-trap*, affords another instance of rapid vegetable motion.

Many leaves follow the course of the sun. In the morning they face the east; at noon, they regard the south; and at the close of the day they salute the west.

These and similar motions are peculiar to the leaves of plants. The flowers have also the power of moving.

During the night many of them are enclosed in their calixes. The cause of these movements is ascribable to the presence or absence of the rays of the sun.

A stomach and brain have been reckoned essential characteristics of the animal; and plants are said to possess nothing analogous to these organs. But the polypus has no stomach; or, like vegetables, its whole body may be considered as a stomach. Its internal cavity contains no viscera, and when this animal is turned outside in, it still continues to live, and digest its food, in the same manner as if it had received no injury.

The mode by which plants receive their nourishment is extremely analogous. They imbibe food by the roots, the trunk,

the branches, the leaves, and the flowers. Instead, therefore, of having no stomach, their whole structure is stomach. With regard to the brain, the polypus and many insects are deprived of that organ. Hence, neither stomach nor brain are essential characters which discriminate the animal from the vegetable.

But all animals are endowed with sensation, or at least with irritability. Which last has been considered as a distinctive character of animal life. Sensation implies a distinct perception of pleasure and pain. We infer the existence of sensation in organized bodies when we perceive that they have organs similar to our own, or when they act, in certain circumstances, in the same manner as we act. If an organized being has eyes, ears, and a nose, we naturally conclude that it enjoys the same sensations as these organs convey to us. If we see another being, whose structure exhibits nothing analogous to our organs of sensation, contracting with activity when touched, directing its body uniformly to the light, seizing small insects with tentacula, or kind of arms, and conveying them into an aperture placed at its anterior end, we can't hesitate to pronounce that it is animated. Cut off its arms, deprive it of the faculty of contracting and extending its body, the nature of this being will not be changed; but we will be unable to determine whether it possesses any portion of life.

This is nearly the same condition of the small sections of the polypus, before their heads begin to grow. The wheel animal, the eels in blighted wheat, and snails, recorded by naturalists, afford instances of every appearance of sensation, or even of irritability, being suspended, not for months, but for several years; and yet the life of these animals is not extinguished; for they uniformly revive upon a proper application of heat and moisture.

These, and similar facts, show that we are entirely ignorant of the essence and properties of life. What life really is, seems too subtile for our understanding to conceive or our senses to discern. If we have no other criterions to distinguish life, than motion, sensation and irritability, life may exist in many bodies which are commonly thought to be as inanimate as stones. Organic structure, though greatly diversified in the different species of animals and vegetables, evinces that nature, in the formation of both, has acted upon the *same general plan.*

May we not presume therefore, that plants, as well as animals, are composed of a regular system of organs; that the vegetable part of creation is not entirely deprived of every quality which we are apt to think peculiar to animate beings?

As many of their motions can not be explained upon any principle of mechanism, it is fair to presume that they originate from the power of irritability, which, though it implies not the perception of pleasure and pain, is the principle that regulates all the vital or involuntary motions of animals.

The second source of analogies between the plant and animal, is derived from the modes of *growth* and *nourishment.*

Many ingenious theories have been invented, with a view to explain the mysterious operation by which the growth and nourishment of animals and vegetables are effected. Animals, like plants, gradually expand from an embryo or gelatinous state, and according to their kinds, arrive sooner or later at perfection. This expansion and augmentation of substance, is the idea conveyed by the word *growth.* Without some nutritious matter taken into the body, and assimilated by the action of vessels to the substance of the being that receives it, growth cannot take place.

The food of the animal, before it is converted into nourishment, must go through the intricate process of digestion.

But after this food has been converted into chyle, and the chyle into blood, this blood becomes a common fluid, from which all nourishment and all animal fluids are derived. Here the analogy is apparent. Moisture is to the plant precisely what blood is to the animal. Each of them extracts its nourishment from a common fluid, and in both this fluid is changed into the various substances peculiar to the different species. Soon after conception the fœtus is inclosed in its membranes, and is nourished till mature birth by blood which it receives from the uterus and placenta. In the same manner the embryo of a plant is enclosed in the membranes of the seed ; and its fibrous roots are spread over the lobes or pulpy part. When vegetation commences, the embryo is nourished by moisture, (without exhausting a perceptible quantity of the earth in which it is planted). Plants, like animals, pass gradually to the highest degree of organic beings. At this period of their existence they have acquired that firmness of texture, and that evolution of parts, which constitutes the perfection of their natures, and enable them to *produce beings every way similar to themselves.*

The manner by which the nutritious particles are extracted from food, is very similar in the animal and the plant. In the animal, this operation is performed by the lacteal vessels, which are distributed over the internal surface of the stomach and intestines. In the plant, the same office is performed by the vessels of the roots and leaves. Here is a picture of life that everybody can understand, viz: Animals are organized beings nourished by roots situated in their own bodies ; and plants are organized bodies which absorb their nourishment by roots placed externally.

We shall next take an analogical view of the dissemination and decay of the animal and vegetable.

Each of them is capable of producing beings every way

similar to the parent. But the modes by which this singular effect is accomplished, are very different in appearance. We propose to remove this apparent difference, and to show that animals and vegetables multiply their species in a very similar manner.

Animals have long been divided into viviparous and oviparous. The first class develop their eggs and produce their young alive. The others lay eggs, which must be hatched either by the heat of the sun or by that of the mother. Several animals exist which can neither produce their young alive nor lay eggs; and there are others that unite both these modes of multiplication.

Agassiz says in a recent lecture: "In the radiates, the lowest type of the animal kingdom, the eggs are mostly microscopic. The eggs, whether of vertebrate, articulate, mollusk or radiate, appear at some time identical in structure." Among the hydroids, multiplication by buds and by self-division is common. A bud grows into an individual, similar to the parent, and gives rise in its turn to others, which go on multiplying in the same way, till a large community is formed.

In other instances buds may drop off, and become free independent individuals. Many hydroids, and even some of the higher acalephs, mutiply by a still more simple process, that of self-division. The primitive stock breaks up transversely at regular intervals by constriction, and each such plant when thrown off, becomes a new individual; while the parent remains unimpaired in its vitality. Certain worms also multiply in this way, dividing into parts, and each part develops into a new being. Instances of longitudinal division are known, leading to the same result. The multiplication of the various animalcules which appear in infusions of animal and vegetable substances, long eluded the researches of philosophers. This discovery of the increase

of some larger animals by spontaneous division, gave rise to the conjecture that these microscopic animalcules might multiply their numbers in a similar manner. This conjecture was verified by incontestible experiments by M. De Laussure at Genoa, in 1769. Before this period, it was believed that all animals were brought forth alive or hatched from eggs. This maxim only included the more perfect animals; for with regard to most of the insect tribes, they imagined that these were produced by putrefaction and the admixture of particular kinds of matter. What produced animals one hundred years ago, we are told now produces contagious and infectious diseases. Who will believe this, twenty years hence? Redi, by a series of experiments, exploded the doctrine of the equivocal generation of insects; and then the principle was extended to the whole animal kingdom.

Having enumerated the different modes by which animals multiply their species, we will next show that the multiplication of vegetables is extremely analogous. The viviparous, as well as the oviparous animals, are supposed to proceed from eggs, with this difference, that the eggs of the first are developed previous to their exclusion. When the eggs of animals and seeds of plants are placed in proper circumstances, they produce young in every way similar to the parents. To accomplish this wonderful effect, egg requires fecundation and heat. Moisture, warmth and soil, or some similar mixture, are necessary for the exclusion of the young plant. Eggs are not only analogous to seeds in their destination, but there is a great similarity in the structure and uses of their respective organs. The internal parts of the egg are covered with a crust or shell, and two membranes. Beside these, the yolk is included in a separate membrane; when the first two are removed, the white invests the yolk. In the white, or rather on the membrane of the yolk, a small cicatrice is

discernable, in the centre of which is the punctum saliens or embryo of the future animal. After two or three days incubation, this punctum saliens becomes red and shoots out blood vessels, which are dispersed through the yolk to the outside membrane of the white, which performs the functions of the placenta of a fœtus. A seed is likewise covered with a shell; the whole kernel and each lobe are involved in separate membranes. In every seed there is also a small cicatrice, under which the future plant is discernable, resembling the punctum saliens of the egg; the branches of the radicle proceed from this plume, and are dispersed through the substance of the lobes in the same manner as the blood vessels issue from the punctum saliens of the egg. Eggs and seeds are evidently organs formed on the same plan, and destined by nature to answer the same general intention. But the multiplication of plants, as well as animals, is not confined solely to one mode. Plants are multiplied by slips and cuttings, similar to some of the polypus, the dart-millepes, and several of the animalcules which are found in stagnant water in warm weather. The water lentil, which covers pools of water of the same kind, multiplies its species by detaching thin films from the under sides of the leaves, which produce roots and regular vegetation.

The operation of grafting was long thought to be peculiar to the vegetable kingdom. But it has since been found that several species of the fresh water hydroids could successfully undergo this wonderful process. It has also been discovered that the *actinia* or sea-nettle, is likewise capable of being engrafted to the same or different species, so that the portions of divided animals grow together and become distinct individuals. Plants, as well as animals, are subject to a number of analogous diseases; when deprived of proper light and air, their

colors fade and they soon acquire a lurid and sickly aspect. They, as well as animals, are likewise subject to be starved for the want of nourishment. When the soil is unkindly, vegetables are always weak and dwarfish, and their prolific powers are diminished. They may also be injured by excessive heat or cold, and poisoned by the absorption of noxious vapors and fluids hostile to their constitution. Besides these general affections, common to both, they are often killed by particular diseases. Some diseases attack the leaves only, others are peculiar to the flowers and fruit; others assault the viscera or internal organs, and give rise to obstructions, tumors, and a gradual resolution and destruction. Many of the diseases of plants are produced by the insect tribes; their wounds extend from the root to the stem, branches, leaves, flowers and fruit.

From this general enumeration, it is obvious that the diseases of plants are not only similar to those of animals, but proceed from the same cause. In both kingdoms some diseases are superficial, and are cured either by nature or art. Others are mortal, and succeeded by decomposition.

The life of animals is diversified by a number of successive changes. Infancy, youth, manhood and old age are characterized by imbecility, beauty, fertility and dotage. All these vicissitudes are conspicuous in the vegetable world. Weak and tender in youth, robust and fruitful at maturity; and when age approaches, the springs of life dry up, and the tottering vegetable, like the animal, returns to that dust from which it sprung.

By taking a retrospective view, it is apparent that both of these kingdoms constitute the same order of beings, and that nature, in the formation of them, has operated upon one great and common model.

According to this well-established law of life, as applied to

all organized beings; and in view of the fact that the power of infection and contagion, with all the theories that have so far been advanced, none of which are beyond dispute and refutation, is it not important to investigate the subject upon this same universal law and philosophy of life that perpetuates the species of every organic being? Is it not reasonable to believe that the unchangeable laws of nature apply themselves to the growth and dissemination of infectious diseases?

"The principles of the parasite theory may be referred to two facts, viz., to the propagation of the itch, and to a disease appearing in the silk-worm, called muscardine." It is now a well-established fact, that contagious diseases are not communicated by animacules or entities. That contagious or epidemic diseases are the results of the germination of seeds or spores, the products of diseases of the same kind, is a rational and philosophic conclusion; they, like the eggs of insects and the seeds of plants, germinate and develop under favorable circumstances, and reproduce themselves for the perpetuation of their species.

No animal or plant is produced in a higher degree of perfection than small-pox, scarlet fever, measles or yellow fever, and why not by the same law? We have already cited instances where animal life existed for years without the slightest evidences of vitality, patiently awaiting for favorable opportunities to re-assert itself in full vigor of life. The seeds of many plants and the eggs of various insects are preserved for centuries, yet they produce their kind in the highest degree of perfection under the genial influences of the immutable principles of life. The putrefaction of animal and vegetable substances, has also been considered the origin of epidemics, and a cause of contagious diseases. There is a constant decomposition of organic matter in marshy, damp districts; the same follows inundations, whereby vegetation is

destroyed; noxious vapors arise and are distributed from such localities as it does from places where a large number of people are assembled together with a deficiency of fresh air. These azoic gases act upon the animal economy as specific poisons, by vitiating the blood, and through the medium of the nerve centres, produce a functional derangement of every organ of the body. Marshy or damp grounds that are uniformly covered with, or thickly surrounded by vegetation, do not produce miasmata; it is the margins that are too wet or too dry to supply organic life. If putrefaction or decomposition of organic matter causes contagious diseases, why are not the first cases found in the neighborhood of slaughter-houses or stables, where there is more of it going on than in any other localities? Putrefaction is nothing more or less than the return of organic beings into carbonate acid and carbonate of ammonia, and, under propitious circumstances, germinates the spores of fungi and infusoria, thus converting the putrefying mass into a plantation of animals, whose presence changes all the processes, and by their digestion and respiration they accelerate solution and render the air innoxious; when it may be seen that they themselves become putrid and corrupt, leaving nothing but their skeletons. The ancient writers taught that most of the insect tribes were produced by putrefaction and the admixture of particular kinds of matter; the moderns teach that these same materials produce infectious diseases and epidemics.

We have already shown that there are a number of insects which alone can be developed and propagated within the body or under the skin of a higher order of animals. We also find infusoria in hen's eggs, and organized beings in the urine.

The eggs of these criptic animacules are not more easily deposited than the seeds of infectious diseases, the spores of which may be analagous to the muscardine, or the fungi,

that most wonderful family, which passes through the whole process of life, viz., development, growth, dissemination and dissolution, in less than twenty-four hours; and whose spores are ever found ready for disclosure, only requiring warmth dampness and darkness. The mushroom and mould that greet your vision everywhere, bear silent testimony to this assertion. It is a most rational conclusion that all the infectious diseases, including scarlatina, roseola, variola, yellow-fever, plague and diphtheria, are disseminated throughout the land, attached to materials of every kind, even to the fowls of the air, and, like the seeds of plants and the eggs of insects, awaiting for a time, longer or shorter, for the person, young or old, who offers no resistance or has an affinity for such sporules, and who furnishes a genial matrix for their reproduction. At times, when atmospheric influences are favorable, secondary cases of every kind are common, especially in small-pox; for this loathsome infection the human family exhibits the strongest affinity; so much so, that the communication of small-pox to the fœtus in utero, is not of so rare occurrence as to render it necessary to adduce cases in proof of it. The fœtus may be infected by absorption of the spores through the mother, without her experiencing any effect from it, she having been previously vaccinated. Mothers may be protected themselves by vaccination or variola, yet the spores may be carried to the fœtus by *infiltration* and *affinity*—two of the principal forces of life.

The muscardine is a disease of the silk-worm, occasioned by fungus that grows on the body of the worm, destroying the animal and covering it with fungi; the spores of which are scattered by the slightest motion of the air to the most healthy of the colony. This fact shows that the spores of the fungus that destroyed one animal, are conveyed to others, producing the very same disease, and death, in others: in a word,

we have an epizootic in a cocoonery which is within the range of every man's understanding.

Yet when similar epidemics, such as cholera or erysipelas, occur in hospitals or crowded apartments of ships, it is ascribed to putrefacation, or to malaria, or to dampness, or to defective ventilation.

My object has been to invite my medical brethren to investigate a subject that, if pursued, will be a perpetual and inexhaustible source of pleasure to himself and of profit to the science to which he devotes his life. I trust that this virtuous amusement will convince him that pathology, like everything else, is completed on one principle. The masses of space are formed by law; law makes them the theatre of existence for plants and animals; the human faculties are sustained in action by law.

It is most interesting to observe, by way of conclusion, into how small a field the whole of the mysteries of nature ultimately resolve themselves.

The inorganic has one final law, GRAVITATION.

The organic, the other department, rests in like manner on one law, and that is DEVELOPMENT.

ESSAY.

BY WILLIAM O'GORMAN, M. D.

The by-laws of the State Society make it imperative on the officer filling the position I have now the honor to hold, to read a paper at the annual meeting. In accordance with this rule, I have selected as my subject, "A SPECULATION ON THE OPERATIVE TREATMENT OF NON-TRAUMATIC PERITONITIS."

Speculations in science, art or mechanics, can be quickly put to the test of calculation or experiment; their truth demonstrated, or their falsity proven, at no other loss than that of time, money and hope deferred.

But speculations on the medical treatment of disease, or on the performance of surgical operations, necessarily involving the lives of patients intrusted to our care, should not be indulged in, unless based on collateral facts, and in accord with the present state of physiological and pathological knowledge. Neither should any perilous innovation in treatment be advocated, unless the existing modes be found, after long experience, generally unsuccessful.

My own experience, and my reading of the experience of other men, have long since convinced me, that peritonitis, from any cause and in any condition of the system, is a most dangerous disease; and that peritonitis, arising from certain causes, and in certain conditions of the system, has proven an almost inevitably fatal one.

With this experience and conviction, I have no hesitation in suggesting, that since medical treatment in these certain

forms of the disease has absolutely failed, we are bound in duty to have recourse to any treatment, no matter how dangerous, to any expedient, no matter how desperate, that may hold forth the faintest prospect of success.

The surgical treatment of peritonitis has been but glanced at in our medical literature, some writers utterly reprobating the thought; a few distantly hinting at its possible expediency; none calmly reasoning on or openly advocating the measure. In the present day, abdominal surgery has made such glorious progress—so many old theories have been exploded—so many old terrors exorcised, that now the field is clear and the time ripe for the issue of even the most daring novelties.

Under the influence of this spirit of innovation I propose to reason on the propriety of abdominal section as a last resource in the treatment of peritonitis.

The chief materials of this paper have been drawn from the works of other men—facts collected and observations made by them, connected and pieced out here and there by my own reflections. In order that the subject may be presented in the fairest light, it will be necessary to give here a rapid general sketch of the causation and pathology of peritonitis.

The peritoneum, from its extent and position, is largely susceptible to external influences, and is necessarily exposed to all forms of external violence, and its envelopment of and intimate connection with the digestive and genito-urinary organs, renders it liable to be involved in their functional and organic troubles.

We thence have primary peritonitis, commencing in the serous membrane itself; secondary peritonitis, extending to the membrane from the diseased action of the enveloped organs; traumatic peritonitis, the results of bruises, wounds,

action of chemical agents, surgical operations; and, finally, sympathetic peritonitis, arising during the progress of certain acute and chronic diseases. This latter form, as it is but seldom met with, and as it is but an accident of a constitutional disease, will be left out in the further consideration of this subject. Whatever the exciting cause, and whatever the state of the general peritoneal system, the pathological condition of the peritoneal membrane and the quality of the effused products are pretty uniform—a vascular thickened condition, either local or general, of the serous membrane, with effusions of serum, lymph, pus or blood. These products of inflammatory action may be either single or in combination. Physicians, and indeed all scientists, are occasionally compelled to reason backward from consequences to causes, and in this way only can the lessons which pathology teaches be properly interpreted and estimated.

Pathology teaches us that in primary peritonitis the danger is in direct proportion to the extent of the inflammation and the amount of effusion. A case of local or limited inflammation, with a moderate amount of effusion, presents, according to our standard authorities, a fair prospect of recovery; the lymph being resolved or organized, and the serum or pus absorbed. "Resolution," says Dr. McAdam in his essay on peritonitis, "may take place between the fifth and twentieth day." "Effusion," he proceeds to say, "is a frequent termination in fatal cases. It is doubtful, when pus and lymph are effused in any great quantity, if they are ever absorbed, and such cases generally terminate fatally." Andral, Chomel, Stokes and Wardell express similar opinions. "When the secretion," writes Wardell, "is effused in small quantity, it may be absorbed; but if in large quantity, and *without opening*, irritative fever is produced, the symptoms of pyemia supervene, and it is then uniformly fatal." In primary

peritonitis, then, according to those writers whose very words I have quoted, the fatal termination is chiefly due to the amount of effusion; one writer asserting that it is generally, the other proclaiming that it is uniformly, fatal.

In secondary peritonitis, produced by perforation, the record is still more disastrous. Whatever may be the immediate cause of the perforation, whether ulceration or rupture, the present danger most generally arises not so much from the character of the original lesion, as from the escape of foreign matter into the cavity of the peritoneum. Dr. Stokes, of Dublin, who has written a paper on this particular form of peritonitis, describes it in the following words: "This most severe and generally fatal form of peritonitis, is the result of a solution of continuity of the peritoneum, which may arise from various causes and occur in various portions of the sac. In most cases the result of this accident is the introduction into the sac of the peritoneum of some solid or fluid substance, which produces a sudden and generally universal inflammation; so that the principal characters of this form of the disease are the suddenness of the attack, the terrible rapidity and violence with which the disease runs to its fatal termination, and its resistance to ordinary medical treatment." Any part of the digestive tube, and any of the hollow or solid viscera may burst, and pour out into the peritoneal cavity their normal or abnormal contents. The most frequent locality for rupture is in the vicinity of the Ileo-cecal valve. It has been estimated that nineteen out of twenty cases occur in that vicinity. The fatal rapidity of this form is terrific—twenty-nine hours being the estimated average of nineteen cases. So hopeless was Louis of any other than a fatal termination, even should a case be prolonged beyond the usual time, that he insists "when once the signs of perforation have occurred, we must not depart from our

diagnosis and admit of hope, even after an arrest of symptoms and an apparent amelioration of some days' standing." Dr. Stokes, however, claims two cases of recovery from perforation. One, perforation of the intestines, in his own practice; the other, rupture of abscess of liver, in the service of his colleague, Dr. Graves. Both were treated by large doses of opium, as originally recommended by Dr. Graves. The rarity of this most happy termination is thus aptly illustrated. Dr. Stokes, with his large experience and extensive reading, can only marshal two cases of recovery from presumed perforation.

The medical treatment of both primary and secondary peritonitis can be dismissed in a few words. The past modes of treatment were varied and variable. The present is opium, on the principle of rest for all inflammatory diseases. This view has been adopted by the profession with singular unanimity, and it has proved a great improvement on the old mercurial, anti-phlogistic, depletive and purgative treatment.

Traumatic peritonitis is a compound peritonitis—simple or secondary peritonits complicated with external wound; and I shall now proceed to enquire if this external wound is a hurt or a help. Intestinal perforation from wounds is not quite so terrific in its mortality as perforation from disease; and the gradation of danger bears an inverse relation to the extent of the external wound. Rupture from contusion, and perforation from punctured wounds attended with effusion, are nearly on a level in the lists of mortality with perforation from disease; while incised wounds, which allow a free discharge to the escaped fluid or solid matter, are regarded as more hopeful. Mr. Poland, in an able article in *Holmes' System of Surgery*, insists "that the external wound must be left open. It is the safety valve of life in such an injury, and its premature closure might most unexpectedly and rapidly

cause the death of the patient." He summarizes the result of his experience in a series of aphorisms, from which I shall select those applicable to the present subject: "That a rupture of stomach or intestine without external wound, is a fatal lesion; more fatal than when lesion of either viscus occurs with external wound." "That a punctured wound of viscera is more dangerous than a wound with protrusion, less dangerous than rupture without external wound." When peritonitis has finally set in, the treatment usually adopted is the same as in ordinary peritonitis. Boyer, who wrote his work on surgery in the early part of the present century, is the only author I have been able to find who treats the accident on the same general principles which guide us in the ordinary practice of surgery. He remarks that "when the presence of pus in the cavity is manifested by fluctuation, issue should be given to the effused fluid by an incision through the abdominal walls." Again, he states that "in punctured wounds, complicated with effusion of any kind, an incision should be made through the abdominal walls to give exit to the fluid. The operation will not save life when the effused matter is bile, urine or excrement; but then it has often prolonged life, and the surgeon should never hesitate about enlarging the wound, or even making a fresh incision over that part of the abdomen where the tumefaction is greatest. Although experience has not furnished us with any well authenticated cases of recovery, nevertheless the certainty of failure has not been proven; and reason leads us to the conclusion that this operation, performed in time and when the effusion is not very extensive, may achieve a perfect success."

In the hands of the ovariotomist it has achieved a perfect success. Inflammation of the peritoneum does not stay his hand, but rather incites him to prompt action. Listen to

Spencer Wells: "In several of my cases of ovariotomy, the operation was performed after the cyst had burst and its contents had escaped into the peritoneal cavity. The peritoneum has been found intensely red, thick, soft and bilious, and occasionally covered by loosely adherent flakes of lymph. Yet the result has been surprisingly satisfactory. The irritating cause having been removed, the irritation has subsided. If the cause had not been removed, death must have happened at no distant period, as all the general and local symptoms of chronic diffuse peritonitis had in the whole series of cases followed the rupture. Twenty-four times has the complication presented itself out of the last three hundred of my operations. Five of the patients have died, so that the ordinary rate of mortality of mixed hospital and private cases does not seem to have been much augmented. At any rate, the bursting of the cyst or the filling of the peritoneum by oozing from the puncture made by tapping the cyst, is no bar to the operation of ovariotomy, but rather a reason for doing it without delay. The fluids found in the cavity has been of all kinds, simple, bloody and fetid; the cyst walls in all stages of degeneration, some even nearly black, with ragged edged openings, and the peritoneum always with the same sign of inflammatory action, though perhaps in the fatal cases the semi-organized lymph patches were more general." He thus saved nineteen out of twenty-four cases of ovariotomy, complicated with peritonitis—seventy-seven per cent.; a success nearly equal to the highest recorded achievements of ordinary ovariotomy. Peritonitis, then, in Dr. Wells' experience, does not greatly increase the risk of an operation; as an element of fatality it has had but little influence. The successful cases have been a double success—a tumor removed, and an inflammation, ordinarily fatal, wiped out and washed out. A little further on the Doctor gives the details of a single

case, as illustrative of the whole series: "Twenty-six pints of ovarium fluid were free in the peritoneal cavity, and a thin walled multi-locular cyst, which appeared to be a simple hypertrophy of the left ovary, and weighing only two pounds, were taken away. When all the fluid was sponged from the peritoneal cavity, Dr. Farre and I were both struck with the intense, vivid redness of the membrane. It was thick, soft, velvety, not obscured by any exudation of lymph, but all over the abdominal walls, the intestines and uterus, it was as brilliantly red as a microscopical injection. We were naturally apprehensive of the effect of the incision, sponging, and action of air upon a serous membrane in this condition, and I went directly after the operation to tell Dr. Thomas Watson. He said, 'Are you sure you got it all out?' When I answered, 'Yes, quite sure,' he replied, with the wisdom of a great clinical teacher, 'Then let us hope, as the irritating cause is removed, the irritation will subside.' There was no bad symptom, recovery was complete. This case has been a guide in many others since, and when able to remove an irritating cause, I have almost always found that the irritation has subsided." This case is, in my opinion, so important, that I could not bring myself to abridge, but have given it in the author's and operator's very words. Every sentence is pregnant, not merely with present meaning, but with future hope; it is not simply a history, it is a prophecy.

Passing to an allied organ, we find surgical interference as effective and life-saving in rupture of the pregnant uterus.

Dr. Trask has published in the *American Journal of Medical Science*, a series of papers on rupture of the uterus occurring during parturition. He gives the following tabulated result of his inquiries as to those cases of rupture where a part or the whole of the fœtus had escaped into the peritoneal cavity:

Gastrotomy, saved,	76	per cent.
Operative delivery by vag.	32	"
Unassisted nature,	22	"

Abdominal section saved three-fourths, operative delivery per vaginam less than one-third, and unassisted nature a little over one-fifth. In this form of rupture, owing to the less irritating character of the fluids or solids escaping into the peritoneal cavity, the efforts of nature are more successful; the extravascated blood being absorbed or walled round by an effusion of lymph; even the fœtus itself being occasionally encapsuled, undergoing changes which render its presence innocuous, or being gradually and by piece-meal discharged through fistulous openings.

From the opinions I have quoted, it is evident that primary peritonitis, with purulent effusion and secondary peritonitis, are all but uniformly fatal, and that the present modes of treatment are more or less impotent. In this sad record there is but one point which throws out a gleam of hope. Whatever the cause of peritonitis, whether it be disease or accident, it appears that the discharge of the liquid or solid matter from the peritoneal cavity furnishes, if not the sole, at least the most hopeful channel of escape. There are many cases of primary peritonitis on record where the purulent effusion was discharged either through the abdominal parietes or by the urethra or rectum.

M. Gasch, in *Le Dictionaire des Sciences Medicales*, mentions a case where the purulent discharge took place through the umbilicus; and Dr. Gordon, as recorded in Copeland's Ency., has observed three cases of recovery through this phenomenon. The discharge occurring in one through the umbilicus, in another by the urethra, and in the third by the rectum.

These cases of spontaneous discharge of pus in peritonitis must be as rare as spontaneous evolution in obstetrics. Is it

science, is it common sense, to hope and watch and wait for such abnormal efforts.

Dr. Wardell, the latest writer on peritonitis, uses the following language: "When the purulent secretion is effused in large quantity, *and without opening*, it is then uniformly fatal." The words "without opening" are somewhat ambiguous, and can only be properly interpreted by the context. He cannot mean an artificial opening, for neither here nor in any part of his able and erudite article does he make the slightest allusion to surgical intervention. He must then be understood to refer to a spontaneous opening. If nature, unassisted nature, can fret or force a passage for the confined matter, the patient may recover. This then is the one only solitary channel of escape which Dr. Wardell's experience or erudition can discover. According to the language of one of our most distinguished surgeons, the external opening in penetrating wounds of the intestines is the "safety-valve of life." Close it, and you assimilate the condition of things to perforation from disease, and then the injury necessarily becomes a fatal lesion.

When peritonitis arises after ovariotomy, it has now become the standard practice to re-open the wound and give vent to any irritating fluids that may have been effused or secreted in the peritoneal cavity. Dr. Peaslee, of New York, has been the first to take a step still further in advance, and has initiated the practice of washing out the peritoneal cavity by injection. His favorite injection is a copy of the serum of the blood, and the results obtained by him, as related in his late excellent work, have been most satisfactory. Rupture of the bladder, with effusion into the peritoneum, has been and is regarded by surgeons as inevitably fatal, owing to the irritating and septic properties of the urine, and yet a Dr. Thorp has published a case of rupture of the bladder in which the peritoneal sac was washed out with tepid water, injected

through the rent in the organ, and ending in recovery. The treatment by injection began on the second day after the accident, and consequently Dr. Poland doubts the authenticity of the case.

The surgical cases I have cited illustrate the subject in the fullest manner, and now it may not be amiss to introduce a little speculative physiology. There is an old saying, that one can best study how to save life by studying the modes of dying. In peritonitis, according to Bichat's division, death begins at the heart. In or toward the last stage we find the respiration easy, the intelligence clear, calm, collected, and a complete absence of local pain. Place your hand on the patient's arm—the skin is cold, the pulse is gone, or only the faintest thrill perceptible. Place your hand over the heart, and you feel a faint asthenic impulse; a slow palsy is creeping over the organ, and it must soon cease to beat. What intimate connection is there between the peritoneum and heart, that peritonitis should so affect the vascular system? We know that the ganglionic system of nerves furnishes the organ with its nervous supply, but it is still an undecided question in what way its muscular irritability and rhythmic motion are maintained. Occasionally disease and accident have thrown light on phenomena which anatomical and physiological researches failed to elucidate.

Sir Astley Cooper relates the case of a man who died suddenly from a slight blow on the epigastrium. The autopsy failed to reveal any lesion, and this distinguished surgeon came to the conclusion that the man died from paralysis of the heart through shock to the solar plexus.

A more recent instance of the same influence is that of a surgeon who accidentally pressed on the sympathetic ganglia while sponging out the peritoneal cavity after the removal of an ovarian tumor. His assistants instantly directed his atten-

tion to the heart's action. It had almost ceased to beat, but immediately recovered its full action when the pressure was removed. To test the connection, pressure was a second time quickly made, and a second time the heart's action was momentarily suspended. Now, the most characteristic objective symptom of peritonitis is the tense condition of the abdominal walls. There is no distinction of tissue from the skin to the peritoneum. The tension is not the fullness of expansion but rather the rigidity of constriction. Can it be possible that this continuous clonic concentric pressure may exercise an influence on the heart through the ganglionic system?

Extreme cases, however, and vague speculation are not needed in the advocacy of the extension of one of the best established principles of surgery. The first practical lesson which the student learns is to give vent to purulent matter, and to remove foreign substances whenever and wherever they can be safely reached.

What I suggest is this, and nothing more. A simple incision through the abdominal walls involves but slight danger. Our authorities insist that it can be done with impunity. There is neither anatomical bar or physiological impediment. Serous membranes enveloping organs as vital and more sensitive are explored every day. We drill the cranium, expose and open the dura mater, for extravascated blood or suspected abscess; we pierce the pleura in quest of empyenia and serous effusion; even the sanctuary of the pericardium has been violated in our exploratory audacity. Why then, until lately, has the peritoneum alone of all the serous membranes remained virtually as well as anatomically a shut sac? Why have not the same general principles which guide us in our treatment of the diseases and accident of other serous cavities been applied here? Science and art have their superstitions. Avoid the peritoneum, was the cry of the sur-

gery of the past. In professional repute it was hedged round with horror, and on the abdominal walls might have been traced the motto affixed by Dante to the gates of hell—"Whoso enters here leaves hope behind."

One of the boons which the followers of McDowell have conferred on the profession, and consequently on humanity, is the sweeping away and utter obliteration of this superannuated reverence. The peritoneum is now cut, torn, teased and mutilated with frequent impunity. The danger now is, that the loss of reverence may run into license. A distinguished surgeon of Boston gravely proposes an exploratory incision through the peritoneum in any case of doubtful diagnosis. This is an extreme suggestion. What I claim and insist on is, that an incision through the abdominal walls, in such forms of peritonitis where such a procedure may be judged applicable, does not in itself aggravate the case.

The inquiry then arises, in what particular or special cases of peritonitis would such a procedure be justifiable? It would in my opinion, be justifiable in any case of acute or chronic peritonitis where there are decided evidences of effusion. It would be justifiable in cases of peritonitis from perforation where we can remove the irritating substance and at the same time entertain any reasonable hope of arresting subsequent discharge into the peritoneal cavity. And even in these cases this extreme measure should only be resorted to when we are convinced of the futility of other means, and under the imminent apprehension of an immediately fatal result. In such cases and under such circumstances we are urged to do it by many considerations—by observation, by precept, by example. In doing it we but imitate nature, treading the track traced out by her in those instances of spontaneous opening. In doing it we only carry out a common principle of surgery to its legitimate end. In doing it we but follow

in the footsteps of the ovariotomist who has again and again, in his special walk, incidentally demonstrated its success. And finally, let us hope that by doing it we may partially blot out another indictment in the long calendar of medical opprobria.

To this operation I may apply the language used by one of the great masters of French surgery, when writing on surgical peritonitis:

"Although experience has not furnished us with any well authenticated cases of recovery, nevertheless the certainty of failure has not been proven; and reason leads us to the conclusion that this operation, performed in time and under certain conditions, may achieve a perfect success."

ESSAY.

BY T. H. STUDDIFORD, M. D., OF LAMBERTVILLE.

NERVOUS DISORDERS OF WOMEN.

In treating of the different varieties of nervousness, which will be the subject of my remarks, I do not wish to intimate that they belong exclusively to women. Occasionally we meet with them among men, but not to the same degree of intensity, and in most of these cases we generally find that the nervous system is unevenly balanced, owing to excesses of one kind or another, which cause them to be susceptible to either of the different forms of nervousness.

In women these disturbances of the nervous system are often of a very troublesome nature to deal with, especially in hysteria, in its different phases. Often are practitioners annoyed, in treating them, at the amount of stubbornness encountered; so much so, that at times many of them find themselves, as it were, unconsciously violating the third article of the decalogue. In these instances the cases are so vexatious that patience almost ceases to be a virtue.

In the whole mechanism of the human frame there is no part so mysterious and intricate in its character as the nervous system. For the progress that has been made in our knowledge of it we are indebted to Sir Charles Bell and Dr. Marshall Hall, who first called the attention of the profession particularly to its physiology: to the former for discovering, by various experiments, by careful and extensive dissections, that the nerves of sensation and motion are entirely distinct; and to the latter for unfolding the mystery of the reflex action of the spinal cord, thereby showing how certain functions of

the body are performed independently of any voluntary action. These important discoveries gave an impetus to the study of the nervous system, and by the diligent investigations that followed, rapid strides have been made in a better understanding, not only of its physiology, but also of its pathology.

By the discovery of the reflex action of the nervous system many peculiar pains of a somewhat obscure and local character have been accounted for, and a greater degree of accuracy obtained in the diagnosis of irritating causes. Our knowledge of inflammatory diseases, whether acute or sub-acute, of certain organs of the body, having become more definite, we are beginning to understand better how it is in certain cases that affections of the nervous centres are so apt to follow. This being the present condition of neuropathology, and it being quite evident from the showing of statistics that the prevalence of nervous disorders is greatly on the increase, it is not to be wondered at that their investigation has now become an important and special branch of medical science.

Among women we find a majority of neurotic sufferers, and it is the object of this paper, as before stated, to treat of some of the nervous derangements as affecting them. I will dwell on hysteria, myalgia and cephalalgia, giving what observations I have made in regard to them, examine into their inducing causes, and briefly discuss certain points in their therapeutical treatment. Although these affections are not of a grave nature, yet I have thought them suitable topics for discussion, on account of their annoyance and frequency of occurrence.

Hysteria, of all nervous affections, is the most peculiar in its characteristics, on account of the various phases it assumes; among them the simulation of different diseases, and the tendency it has in certain instances of making real

disorders of the system. On account of the frequency of its occurrence among women and of its rarity among men, the earlier pathologists were led to conclude that the originating cause was some derangement of the uterine system, from which fact the name of this affection is indebted for its Greek derivation.

Neurologists entertain different views as to the nature and causes of hysteria, which is owing to the various morbid phenomena it embraces, and their anomalous characteristics, but all agree that they are due to a state of emotionalism produced by certain causes. There are several theories advanced as to the nature and source of these causes. According to some, especially the older authorities, this state of emotionalism has its cause entirely in an abnormal condition of the uterus and its appendages. With others, certain modifications of the reproductive system, in connection with a perversion of what is called the aphrodisiac force, or as Meigs styles it, the sixth sense, is considered as the influencing cause. Again, with some it exists in a morbid state of the cerebral structures. And lastly, it is held by Dr. Tilt and many others, that there is a predisposing condition on the part of the nervous system, arousing the emotions, having an eccentric cause, and which is produced by some ovario-uterine or other visceral disturbance. This last view, if carefully considered, seems to be more correct and tenable, more in accordance with the latest developments in neurology than any of the others, and also gives a better ground for explaining the various and peculiar hysterical phenomena.

In a majority of instances there can be no doubt that ovario-uterine disturbances exert a powerful effect in so impressing the cerebro-spinal and ganglionic nerves as to make them instrumental in causing an undue activity of the brain as to arouse the emotional faculties to such a degree of intensity

as to impress "the whole physical, intellectual and psychological nature of the subject," in the production of convulsive paroxysm, the globus hystericus and other forms of nervousness, and also the simulation of various disorders of different organs.

But it is not altogether by disturbances of the sexual system that hysteria is instigated; it also arises in certain cases from an unhealthy condition of other organs, particularly the liver and stomach, providing the nervous system is in a predisposing condition to be impressed by the irritation produced. But these cases are rare in comparison with those originating from an ovarian and uterine source. However, there can be no questioning as to their occurrence under circumstances of of the kind, for we have, I think, clear proof in substantiation of this assertion. Dr. Tilt, for one, says he has seen repeated attacks of hysteria brought on by biliousness, and their recurrence prevented by measures best calculated to prevent biliary derangements. Others have had the same experience. I have in my own practice seen cases of the kind, and have obtained the same result in treatment. We have also reports of cases in which the attacks were produced by irritation in other organs, but they are of such rarity as to make them an exception to the general rule. We may also place in the same class as to rarity those cases in which the symptoms are brought on by the predisposition itself without any exciting cause, and where there is emotionalism of a highly intensified order.

The results of the investigations and observations made in neuropathology do not seem to verify the views of those who are of the opinion that hysteria is altogether symptomatic of a morbid condition of the cerebral structures, without any other irritating cause in any of the viscera. For the symptoms of hysteria are so characteristic and easily discerned in

diagnosis, it would seem almost impossible to mistake them for those produced by cerebral irritation. In connection with this we must take into account the fact, that autopsies have been performed on several, who in their lifetime had been subject to hysteria, even in its most aggravated form, and no lesion, nor anything of an abnormal nature, could be detected in the brain structure.

It may be true in a number of cases that the hysteric condition is established by the influence exerted by a perversion of what is called the aphrodisiac force, together with certain peculiar modifications of the reproductive system; but I maintain it is not so in a majority of them, as Meigs and others would lead us to believe. For, according to their theory, we are to take for granted, in every case of hysterical manifestations, that this perversion of the aphrodisiac force, or in other words the force of lust, is the exciting cause, and if this were correct we would have to look upon every hysterical female as being more or less immoral, which, fortunately, is not borne out by the general history of cases.

Nearly every physician finds in practice this affection as prevalent among females who are moral as among those who are immoral. Purity of character and morals do not make any difference. The intensity of the paroxysm and other manifestations are the same, whether the subject is chaste or unchaste. To say the least, the inculcation of a theory like this is insulting to true womanhood.

A strong argument in refutation of this view, is that the hysteric condition has been known to continue at the menopause and for a long time afterwards. Dr. Tilt, in his work on the "Change of Life," gives statistics in proof of this.

The estimation placed by most of the older authorities on a morbid condition of the uterus as a necessary cause of hysterical phenomena is perfectly absurd, as can be clearly

shown from the history of uterine cases, from which we find that the number of patients is rare, in comparison, in whom the hysteric state exists with any disease of the parts.

In addition to what has been observed in regard to the different theories advanced as to the rationale of hysteria, I would mention as one of the most notable features in those who are subject to this affection, the peculiar sensitiveness and delicacy of their nervous organizations as shown by their restless, excitable disposition, exalted imagination and frequent exhibitions of ungovernable temper.

I have thus endeavored briefly to give my views in reference to these theories, to account for the deranged state of the nervous and circulating powers in the hysteric subject, not deeming it necessary to enter fully into the discussion of the various phenomena.

It is an undeniable fact that there are many practitioners who set down as hysterical any peculiar ache or pain or other symptom of nervous disorder women may complain of, apparently taking for their motto "*omne ignotum pro hysterico*," which Tilt very appropriately quotes in his work on "Uterine Therapeutics," and in doing so they do not take into consideration whether there is any connection between these symptoms and those dependent on emotionalism. Among the ailments apt to be confounded are those belonging to what Dr. Inman and others have termed myalgic, and which have reference to certain morbid conditions of the muscles.

To distinguish between the many painful affections of different portions of the trunk and limbs, to discriminate between those produced by debility, fatigue and enervation of vital force on the one hand, and those produced by emotionalism on the other, is, in many instances, attended with difficulty. But a proper understanding of myalgia will obviate many hindrances to accurate diagnosis, notwithstanding there

is a degree of indefiniteness as to the peculiarities of the symptoms classed under this term, and of their complications at times with hysteria. To examine thoroughly the distinguishing features in the diagnosis of both hysteria and myalgia would require more space than a paper like this will admit of.

With most authors on the Practice of Medicine there is a tendency to classify under the head of Spinal Irritation many disorders not identical in their symptoms, pathology and etiology. Often does the practitioner find these symptoms of a vague and varied nature; some are rheumatoid, others are myalgic, some again pathognomonic of true irritability of the cord, and others of general nervous debility. But the most frequent belong properly to myalgia, a term invented by Dr. Thomas Inman, of Liverpool, who has very clearly shown its appropriateness and applicability to most of the symptoms supposed to be instigated by spinal irritability.

Myalgia, like hysteria, is chiefly observable among women. Its pains are in reality neuralgic, and in many respects varied, as, for instance, they closely resemble, in some cases, those produced by muscular rheumatism. These pains are not confined exclusively to any particular set of muscles, for some are more affected than others. We find the muscles of the abdominal walls more susceptible to them than those of the thoracic, and both together than those of the extremities.

It has been said that the involuntary muscles are as liable to them as the voluntary, but we have nothing conclusive to show that such is the case.

In regard to the special features evinced in myalgia, the pain or soreness is generally found not diffused in a uniform manner, being greater either at the origin or insertion of the muscles, or at the union of the tendinous and muscular fibres, the tendinous parts being more generally affected than the fleshy.

This soreness or pain is undoubtedly indicative of a disordered condition of the sensory nerves, so that myalgia may be regarded as muscular neuralgia. We do not see how any other view can be accepted. But it is contended that there are difficulties in understanding its nature. Dr. Inman himself, in his work on "The Restoration to Health," says: "I do not know a more difficult subject, in the whole range of medicine, than that of myalgia." For my part I do not see why it should be so; for if we carefully examine its peculiarities, take into consideration the relationship of the different nerves, especially their minute peripheral branches, and the plexus formed by them, to the muscles, and the influence they exert upon each other, we will have no trouble in overcoming any supposed difficulty, although we have already stated there is some degree of indefiniteness as to the characteristics of myalgia, but they do not give reasonably sufficient grounds for Dr. Inman's assertion. For in the human organism, it must be remembered, every exertion of the muscles in labor is attended by a corresponding strain on the nervous system, which is in proportion to the amount of work performed.

In the excessive exercise of any muscle, pain will oftentimes be induced, either in one portion or another of its structure, which is owing to the irritation of the filaments of the peripheral branches and even of the nerves themselves.

Not only debility from fatigue is apt to induce this condition of things, but also the debility originating in a morbid affection of any of the viscera, or any other portion of the body which has the effect of increasing unduly the waste of tissue, and a lowering of the vital energies. In women this is strikingly illustrated in many of the ailments peculiar to them, in exhausting uterine diseases and prolonged lactation.

On making an examination of gynecological disorders, we will find that the constant drain produced by most of them,

as, for instance, in menorrhagia, leucorrhœa or uterine catarrh, and on the other hand when the uterus, as in amenorrhœa, does not perform its proper function, the whole muscular system is more or less affected. This also happens to those having a strumous constitution. Indulgence to excess of any of the passions will have a similar result.

The enervation of the system by these causes must be deleterious to the processes of nutrition, so that the muscles are susceptible of becoming "preternaturally irritable from deficient quantity or defective quality of the blood circulating through them," and which irritability is nothing more nor less than the excitability induced in the censory nerves.

These myalgic derangements in women being more frequent than in man, are owing principally to her delicacy of organization. As a general rule she has not the same amount of endurance as to be able to bear up under fatigue nor the debilitating effects of any exhausting ailment, so that many of the pains she suffers from, the back-aches, distress in the lumbar regions, mammal, abdomen, *et cetera*, are myalgic in their character, and are indications of a relaxed condition of the system, which in a majority of instances is brought about by one form or another of uterine disease.

Myalgic pains must then be regarded not as symptomatic of spinal irritability, but of a combination of muscular and nervous derangement, indicating the want of mutual relationship between the muscles and the nerves supplying them, and also of a certain morbidness of the nerve centres, which pains derive their origin from the enervating influence of disease and fatigue.

Among the many symptoms practitioners have to deal with none are more annoying and seemingly capricious than those classed under the term cephalalgia, the next and last topic to which I invite your attention.

These symptoms belong either to morbid affections of the general system, of certain of the viscera, or of the cranium itself, on account of which they are by several writers classified according to their dependence, as those induced by a derangement of either the circulating, digestive or nervous systems, and are denominated, according to their causes, as plethoric or congestive, sympathetic and nervous headaches. But the last is the suggestive term used by a majority of the profession, for most of the cases met with, excepting some of a dyspeptic origin, and considered under the title of sick headache. But, even in most of these cases, I think the term nervous may be very appropriately applied; for we will find that the cerebral pains have preceded the dyspeptic symptoms, and are not relieved by their removal.

The terms "nervous" and "sick headache" will, however, cover most of the cephalic troubles of females, who suffer more frequently from them than males. Their susceptibility, both mental and physical, is such as to cause them to be easy victims of these affections, as I have shown to be the case in those already discussed. The period in which they evince the greatest susceptibility is from puberty to the menopause.

The nervous form is the most frequent. We must consider that several of the sympathetic and even of the congestive forms are also, in no small degree, nervous in their nature. In those who are subject to them, we will find that they are either delicate or have an undue development of the emotional faculties, which exerts a baneful influence, as manifested in the production of those cases of nervous headaches, called hysterical, and which are easily distinguished by their sudden appearance, accompanied by the usual hysterical symptoms, as pain in the abdomen and the globus hystericus.

As the delicate nature of the nervous system in woman causes her to be readily affected by any kind of irritation,

and knowing, as we do, the great prevalence of uterine diseases and of their effects on the general system, I am inclined to the opinion, that most of these cases of nervous and sympathetic headaches have their primary cause in some morbid condition of the generative organs. The reason I have for this belief is the well-known fact, that in nearly every case of uterine disease there exists more or less headache, and if there is at the same time considerable derangement of the stomach, which has been induced by the uterine irritation, the cephalic pain increases in ratio according to the amount of nausea.

As sick headache, which in a majority of instances is so similar to the nervous type that it may very properly be considered as such, presupposes an abnormal condition of the digestive functions, so that in very many cases the stomach disorder may only be secondary, while the primary cause exists in the uterine system. Having then good grounds for believing that this explains, in some degree, the rationale of many cases of this kind of cephalalgia, we must not in our treatment underrate the importance of the uterine disturbances, and of their influence in promoting gastric derangements.

In chronic uterine disease, in many cases of malposition of the uterus, and especially in chronic metritis, and sometimes in obstinate leucorrhœa, we will observe patients complaining of a peculiar form of headache, located on the top of the cranium, which is more of a dull aching character than acute and throbbing, accompanied by a feeling of giddiness and also of drowsiness, together with a certain amount of intolerance of light and sound, also considerable mental depression, evidently due to a lowering of the nervous energies and of the effects of irritation on the whole system. At times this form in many of its symptoms bears a strong resemblance to the congestive variety.

I do not wish to convey the idea, in thus dwelling on the effects of uterine disorder as among the primary causes of nervous and sympathetic headache, that I am underrating the importance of other causes. But what I do mean, is that we do not attach sufficient importance to these influences, for there is an evident tendency on the part of many of the profession, in diagnosis, to overlook uterine disturbances, and if they do not attribute these cephalic symptoms to general debility, they are very likely to regard them as solely dependent on some digestive or hepatic origin.

There is also an inclination, at times, to consider many of these symptoms as hysterical, when, in reality, they are not, although there may be present a certain amount of emotionalism, and the exciting cause some uterine disturbance, yet the symptoms are not sufficiently well marked to warrant us in so classifying them.

The irritation of the mammal, either from morbid growths or from over lactation, is also another exciting cause, which should not be overlooked. In nursing women, we find that any excess in lactation is sure to be followed by more or less cephalalgia.

Megrims and Brow-Ague, periodic forms of nervous headache, in their frequency among females are nearly the same in proportion to the other varieties. They are induced, in a measure, by the same causes, together with those of a malarial character. The latter are evident from the periodic nature of the symptoms, and of exposure to miasmatic influences.

In regard to the other varieties of cephalalgia, I do not think it necessary to enter into any discussion as to their nature, for they are not the same in frequency of occurrence and annoyance as those already considered.

In thus giving my views as to the nature and causes of the various symptoms we have been considering, I have endeav-

ored to be as concise and clear as possible in discussing their rationale and idiosyncrasies. In accounting for them, I have dwelt on their several causes, both specific and general, making in several places particular mention of the effects of certain morbid conditions, incident to woman's separate organisms. But there are general causes, as the want of fresh air, out-door exercise, too close attention to in-door and sedentary occupations, the many unnatural customs of civilization, and a luxurious mode of living, together with the wearing of certain fashionable styles of costumes which seem contrary to nature, and can very appropriately be called upholstery rather than dress. The pernicious and enfeebling effects of each are so well known to every practitioner that it seems superfluous to discuss them, especially in the narrow limits of an essay.

It is not my purpose to enter minutely into the question of treatment. I have nothing new to offer, and besides, I suppose every one of you, particularly the older members, have your own ideas as to the best plan to be pursued in the treatment of each affection. To call your attention to certain therapeutical facts will suffice.

First, the great importance of the bromides in controlling irregular nervous action, which the recent experiments and researches in pathology and therapeutics have demonstrated as efficacious in this respect. In hysteria and cephalalgia, their use, especially the bromide of potassium, is of inestimable value, and which is also the case in certain myalgic conditions.

Next, the practical utility of a tonic course of treatment cannot be questioned, as the use of either of the ferruginous preparations, quinine, strychnia, the phosphates, even of phosphorus itself, and of others that might be mentioned. We have in these cases to deal with a more or less debilitated and deteriorated condition of the system, and in order to

overcome any irregular nervous action which must necessarily co-exist with this state of things, we must correct this deficiency of vitality by the use of tonics, and of corroborating measures.

Lastly, the apparent want of sufficient discretion on the part of many practitioners in prescribing alcoholic stimulants to those who are predisposed to attacks of hysteria, for the purpose of overcoming alleged weakness, whether real, or nervous and unreal; doing so without any regard to results. They do not take into consideration the uneven balance of the mental and emotional faculties in the hysteric subject, and the want of a proper control of the Will. Through these defects and the indiscriminate prescribing of alcoholic stimulants many a woman has acquired habits of intoxication. What benefit, I may ask, do we obtain in many of these cases from such a course of treatment? None whatever, of any real value; the result is nearly always the same, "miserable, subsequent depression, and aggravation of all the causes of suffering."

We cannot, I contend, be too guarded in prescribing alcoholic stimulants in emotional nervous disorders; nor too mindful of the consequences and of our own responsibility.

PROFESSIONAL ETHICS.

BY EZRA M. HUNT, M. D.

Periods of intense inquiry or of actual progress in any department of learning, always give rise to ethical discussions as well; and amid our scientific investigations it may be proper, also, to examine a little into what should be the present ethical status of the medical profession.

The word ethics itself, at the outset of such a discussion, deserves examination in order that we may the better appreciate it, in its application to a special profession. It is well to remember, that both in derivation and in actual significance it is a synonym with the word from which our term "morals" is derived, and not only philologically but practically the two are intimately associated. The idea which first of all must be the ply into which professional conduct is interwoven is, that ethics has its foundation not in a set of arbitrary rules, but in a moral sentiment; in that principle which comprehends conduct to be an outgrowth of character; in that morality which is defined to be "the customary rule of right and duty between man and man," and so has to do with human actions as "virtuous or vicious, right or wrong." So, whether we use the Greek word "ethics," the Latin "morals," or the English "customs" or "manners," it signifies that bearing which is rightly due from one man toward another.

There are, therefore, to us, two departments of ethics: First, that which inheres to us as men, as gentlemen, independent of any professional relation; and second, that which

relates to us by virtue of our profession, and the special questions it suggests, and the special duties it involves.

As to the first, that which relates to us as men, independent of our profession, we have here but little to say. We only know that the ethics of the true gentleman must be something deeper than the mere culture of society, however desirable that may be. It must have its basis in a perception of what is right and due between man and man, in that unselfishness which ever strives to weigh another's rights in the same balances by which we would adjust our own, and which, seeking after right feeling and right judgment, knows how to recognize and exhibit due consideration for others as well as for ourselves. 'Tis true, this of itself is one of the highest attainments, both of intellect and heart—a sum of expressed Christian virtues; and with all the human there is about the most of us, it is not surprising that this department of our ethics is not altogether perfect.

And it is because all ethics of any class or profession presupposes this basis, and yet by reason of the imperfection of individuals as to right feeling or right reasoning or right modes for expression, fails as to this substratum, that every ethical question, besides its special difficulties, is often involved and obscured by fundamental embarrassments.

It is in vain to attempt to elaborate a code of ethics to be subscribed to by a physician, until he has adopted the code of ethics which belongs to him as a man.

No code of professional ethics is ever to lead us to lose sight of this, or to regard it as in any way superseded, compromised or altered. It is because all true codes of medical ethics are intended in their practice to pay full regard to this first code, and really to constitute its application to details that they are to be defended and obeyed as not arbitrary or conventional but essential; as part and parcel of the character and propriety of man in contact with man.

Our design, therefore, in these remarks, is to show what practices of professional ethics is in accord with, and gives expression to, this former definition.

In our professional relations to each other, the common consent of the profession has decided, in accord with the general law of ethics, that first of all it is due to each other that our professional status be known. Hence, in settling in a place, we call upon the regular established physicians, acquaint them with our credentials, and inform them of our intention as to settlement. In a city where it is impracticable to call on all, the same result is accomplished by calling on some one member of the District Society, or acquainting him with our intent, and by early presenting to the local Society credentials for membership. This precisely corresponds with letters of introduction as used by us in entering a new community, and is a part of that right which our profession has to know something of our claims to recognition. It is the corresponding duty of physicians already resident, to receive such a one in the spirit of a true courtesy, to the extent of recognizing him as an authenticated member of the profession, and of extending to him the common civilities of a gentleman.

As one engaged in the same business with us, we are not under any obligation in any way further to aid in introduction, but nevertheless are to show that generosity of rivalry which excludes any means of interference which would be unlawful in other vocations. We do not prescribe for a patient under the care of another practitioner, for the same reason that we would not take a case in law while under the charge of an authorized attorney, or a school while another principal was over it, or act as the official attendant of any person while the real attendant was still in employ. In these and many like cases our conduct is ethical in its broad sense, and not a specialty; and we act as we do, because we owe allegiance to the

great common law of deportment—of ethics which has its foundation in morality and high-toned character.

If we keep this class of cases distinct from those that are special, as applicable to any guild or profession, we shall find that many questions are readily decided outside our particular code, or if left undecided or disregarded it is not because of imperfection in the professional code, but for want of subservience to the general code of a real gentility. So long as men are governed by passion or selfishness there will be breaches of this kind of ethics, which are really out of the domain of any special ethical legislation.

There are just now, perhaps, four special questions of ethics involved in our profession, about which it is important to have definite views, or which are at least worthy of careful discussion:

I. What is the duty of regular physicians as to medical societies.

II. What is our duty in reference to practitioners of different faith and practice from us?

III. What are our privileges as to advertising, or in general as to the management of our profession as a business?

IV. What is our right relation to patent medicines or instruments, and to dealers in or venders of the same?

We believe, first, then, that it is due from all members of the regular profession, that they should be members of some District or County Society, and have thereby relation to the medical men of the section in which they reside. This kind of consideration seems due from one physician to another, because experience has shown that association has a tendency to maintain the morale and courtesy of members of any profession. Just so soon as you see the standard of any science

elevating itself, or of any art, we see a tendency in its votaries to segregate, not only for discussion and comparison of investigation and experience, but for acquaintance; and we maintain that in all healthful medical advance the same feeling is apparent. That graduate of regular medicine, who is willing to stand aloof from societies in which his brethren are mingling, in almost all cases is not only withholding his influence from an approved method of advancing our calling, but is lowering his own standard, is encouraging personal exclusiveness, and fostering a spirit inimical to the welfare of the body of medicine and its ethical rules. We are aware that local causes may exist why some particular neighborhood society may not seem promotive of good feeling or to awaken scientific interest, but more frequently we have found jealousies and petty rivalries to diminish with such association; and now and then a virulent exception by no means nullifies the statement. We would give to practitioners such liberty of choice as that they may belong to the County Society of their own county or of any adjacent county, but we do believe that the ethics of our profession is greatly conserved by such association; that those standing aloof are not as ethical as they should be; and that we should all encourage a full membership of these societies in all parts of our State. When questions of difference arise, they are to be met with that courtesy of debate and forbearance of feeling which belong to us as gentlemen and as physicians, and when the misunderstanding seems flagrant, it should calmly be referred, as suggested in the code of the American Medical Association, to a kind of jury of our peers without the arena of excitement, and their conclusion should not only have the force of an opinion, but of an ethical decision.

Second. As regards our duty to practitioners of a different faith and practice. The question in some regards seems to

decide itself. Those who come under the class of homœopaths, hydropaths, electrics, eclectics, et cetera, claim to hold different views from us, both as to the theory and practice of medicine. They are of different faith and different practice. If the design of a consultation was to ventilate our medical views for the benefit of each other, then, on the ground that inquiry and free discussion tends to elicit truth, a defence for this kind of conference might be framed. But there are plenty of other opportunities for this, and of all places the ante-chamber to a sick man's room is the unfittest for such discussions. In order to give the special patient any benefit from a consultation, there must be some agreement as to premises, as to the bases for reason, and some conformity as to belief, and then the comparison of judgments may be of advantage; but where persons recognize themselves as disagreeing in fundamentals, both as to the significance of symptoms and the relations of remedies, there is no basis for conference beneficial to the case in hand. And hence consultation in such circumstances is a disregard akin to a disregard of the laws of primary belief: is a fraud upon the patient, even if in his ignorance he permits it, for his design is such conference as will direct treatment, and not merely to bring together things organically incompatible, in order to detect the actions and reactions.

Yet because some society, like that of Massachusetts, attempts to exclude from its communion those who thus affiliate, it is called exclusive or bigoted. As well might you talk of bigotry, prejudice and exclusiveness when a Protestant does not invite a Mohammedan to his pulpit, or exchange with a Rabbi alternate Sabbaths. It is not because they may not feel kindly toward each other personally or have some views in common, but the very doing of the thing is a letting down of principle by which both parties forget

self-respect, and, worse than all, forget that respect for beliefs, for convictions, which is at the foundation of right practice in medicine as well as in religion. When a system which has been elaborated through the centuries, and upon which science and art have combined with intellectual enthusiasm, and with the rigidest methods of investigation, is willing to indulge in wedlock with that which proclaims itself, and is diametrically opposed, be assured that true affection for our principles has degenerated into license, and bastards will be born. Call it bigotry, or prejudice, or exclusiveness, if you choose. So let it be. A man or a profession with a principle, tested both by reason and experience, is not worth a straw if not exclusive when a system comes along, which, claiming to be utterly different, is willing to be co-partner. Error always accuses truth of being exclusive in a bigoted sense, when it is exclusive only in a nobility sense, because it is the legitimate business of truth to exclude error.

Even the Homœopath, if he is sincere and believes the truth of his system, ought to decline a consultation as both irrational and impracticable, as ethically because morally impossible, and not doing it is a tacit confession that his doctrine and practice, although so different from orthodoxy, are not sufficiently established to stand upon the claimed difference.

It is not wonderful that the laity should not see the incongruity, for they have not studied the science, and have seen only enough of practice to arrive at conclusion from a few cases; and it is not wonderful that the physician, who has not a well-grounded faith in his profession, should be willing to confer with some dogma or new creed. But for one who is convinced that the science and art of treating disease is represented by the medical profession known as regular, to affiliate with those who utterly ignore its status, is demoralizing in the extreme, and ethically wrong, because unprin-

cipled. It is a violation of the code of ethics of our profession, because it is a violation of that law of morality which requires that as intelligent and honest supporters of a vital system, we should not hold communion with another system inconsistent therewith. So only can right distinction be maintained; and such ethics is not a law of arbitrary etiquette or an outburst of uncharitableness. It is not the question whether Mr. A. of some other "pathy" seems like a nice man, or has some correct views, or whether Mr. B. is willing that you should consult with him over his case, but the true question is, whether it is right to break the law of ethics, which is a law of morals, of principle, of character, viz., that we cannot harmlessly or innocently put true doctrines in wedlock with false ones. The offense is not merely a technical wrench of an exterior formality, but a material, fundamental removal of that line of demarcation which, so far from being imaginary, even so much as an equator is a true segment of that broad cable-rope which forms the boundary between truth and error, between shipboard and sea-billow, and which, when let down, lets many a well-meaning soul walk overboard.

We do not say that a case may not arise where the emergencies of a particular accident do not justify a temporary waiving of this ethical law, for all laws have rare individual exceptions, but we never should let a particular case weigh down a general principle, or forget that charity for all humanity requires punctilious regard to an ethical law, and we should ever use the exception as an occasion to vindicate the law, and justify ourselves in the seeming modification only by the most apparent reasons. In fact, in such a case, it is the law itself that justifies the exception.

The duty is clearer in reference to our profession than most others, because not only are the views of these other schools

of practitioners opposite but subversive, and they practically make their notoriety by affecting a despising abhorrence of the old practice, as they call it, with its fearful doses and antiquated notions. Practically, this is the stock in trade of empirics, and is so characteristic as to be the common property of those who charge upon the people with the grape-shot of infinitessimal specifics, the sparks of full batteries, or of any of those who push some one remedy to panacean extremes.

We are aware that now and then some man of real medical worth, whose heart is full of kindliness and whose mind is more impressible by a case in hand than by the deep rythm of a great principle, yields and justifies himself by circumstances. Very rarely is he right; often deceived in himself, his own interests were the real cause, or his kindness gets the better of his judgment, and yielding to the pathos of a touching case in imaginary individual duty, he slaughters a principle by which the material interests of society are jeoparded.

Never let the public accuse the doctor who will not professionally unite with those whom he regards as errorists, of being narrow-minded.

It is broad-mindedness and moral heroism and heart-truthfulness, all, when a man resists temptation to such a course, and sustains the public interest and the ethical law, often to his own known disadvantage at the time. He is vindicating the correctness of a system which, with its advances in the last ten years, has made a broad stretch between science and error, and shown that philanthropy requires of us that we should protect the invalid from falsities he cannot test, and blandishments he does not understand.

The circumstance sometimes occurs in cities that a physician is placed on a board of health in connection with a physician of another practice. In general he occupies his position not as a physician, but as a citizen, supposed to be more intelli-

gent in sanitary matters than most, just as a druggist might be. We regard this as entirely a different question from that of consultation in which the relation is purely professional, and different from a position on a hospital staff where again the duty is purely medical. In the first case, the action depends very much upon how far the association is made professional, and upon contingencies which may arise. Whenever it appears that the ethical law is compromised, the association cannot be vindicated; but generally the decision must be left to the private judgment of the individual; and it is not a case for society action.

We next inquire what are the privileges of the physician in the management of his profession as a business? It is to be remarked that medicine must be recognized not only as a science and an art, but as a vocation, and as such it has its laws relative to its adaptation to society as a means of livelihood. It may seem very dignified to wrap the drapery of our high profession all about us and lie down to pleasant dreams, but this does not pay baker or tailor, or make provision for family support. Business success is a part of professional success, and it is a pressing question how this business shall secure a livelihood. It is all the more complicated because we live in an age quite different from that of the average successful men of fifty years ago. Before shopkeeepers advertised, and while all business men waited for customers with dignified ease, it was not at all difficult for the doctor to put up just one sign, and expect the public to deem it a great favor that they could be allowed to enter his office and make known their ills. Now, the merchant prince has his runners, the machinist his patents, the artist his exhibitions, the author and the lawyer their legal and artful methods of making trade, and even many a minister somewhat of artificial method for making impressions: and in these days

when of all other callings ours is easiest counterfeited and is hardest beset by rival pufferies, it becomes a very important question what the doctor is to do. Shall he alone of all mortals discard present methods of business, and fall back on antiquated customs? Shall he, if he has concentrated his time on some specialty, instead of spreading himself very thin over the whole continent of medicine, be denounced because he puts up a sign announcing himself as aurist, or surgeon, or orthopœdist? If he advertises his preparation for business, shall he for that be called a charlatan, or be accused of unprofessional conduct, when he really has the merit he claims?

Questions such as these are practical, and must be met with the great law of ethics in hand, and be answered in strict subservience thereto, and not in stilted adaptation to artificial formulas.

We confess to the view that in these matters there has been the squeamishness of a false modesty in the profession, and we regard some of the rules insisted upon as purely arbitrary and technical, while others, which are merely questions of good taste, or for private judgment, are too often claimed to be such breaches of ethics as to be subjects for discipline. We have never seen a reason why a physician, settling in a place, should not issue a modest card, or circular, or newspaper notice, stating his time and place of graduation, and, if he choose, giving the names of two or three physicians to whom he may refer. Such a course is neither boastful nor intrusive; and so far from being an injury, would help to draw a real line between those who come without right qualification and those duly authenticated, and the public would learn better to distinguish between regular and irregular practitioners. This by no means defends any immodest introduction, any more than the usual letter of introduction which one seeks and uses is an excuse for a flaming hand-bill or a brazen puff.

Where, again, a physician chooses some specific branch of the profession, and concentrates himself upon it so as conscientiously to perfect himself in it beyond what is possible to the profession in general, we see nothing the least immodest in a sign announcement of that specialty or a simple advertisement of the same. The matter may be discussed as a question of taste as to the extent to which it is carried, and he may push it too far, just as in any business, energy may become intrusive, and self-announcement transcend the limits of decorum. What we claim is, that the thing itself, within proper limits, is not unethical in the real sense or in regard to the organic law of propriety. It is far less questionable than certain occult arts and insinuating practices which obtain too much among certain smooth regulars, and from which the profession suffers somewhat. We recognize the fact that the limits allowed to a profession are naturally less broad than those accorded to a mere trade; but we should be careful not to contend for laws which neither the law of ethics or the good sense of society will sustain, or to make that a disciplinary offence which is merely an exercise of fair liberty. It is to the advantage of every profession scientifically that it be sustained pecuniarily, and all legitimate and ethical means should be available to make it as a businesss successful over all rivalries.

In reference to patents and patent medicines, and to dealers in and venders of the same, what does a proper ethical code require? Here again we have to say, that where an inventor invents an apparatus which proves to be new in principle, or in the application of a principle, we see no reason why a benefit therefrom should not accrue to the inventor. This does not increase unduly its price or make it exclusive; but rather governments have found it to public advantage as well as private right, thus to protect the inventor, and the ultimate

effect is to distinguish between shams and real benefits. A prominent New York physician recently said to me, that a speculum invented by him, and fully appreciated by those who used it in its right forms, had been so utterly misshapen by divers instrument makers as to be often a mortification to him, and yet for fear of adverse criticisms he had not patented it.

In reference to patent medicines the case is wholly different. The vender of a patent instrument does not in any wise ignore the necessity of medical skill, for a patent does not put it any more into the hands of the laity or make the thing a secret. But when a medicine is patented, it is assumed that the patient himself is capable of treatment. The diagnosis and prognosis are alike on the bottle, and it wholly ignores that careful training and personal examination which alone can adapt treatment to the particular case. A patent medicine is in its very nature subversive of the theory of medical science and the design of medical art, and as such is not a question of taste but an organic breach of ethical law. When a physician patents an instrument he merely offers it to the profession as a tool to be tried by them, without secrets, but only protected as to its authorship; but when a man puts up a patent medicine, it is as a secret compound to be used by persons without medical advice. It therefore attacks an ethical law of the practice which recognizes skill in administration as well as skill in combination, and that disease is not to be treated by mere name or resemblance, but by an analysis of each case. It assumes the possibility of combining a medicine suitable to cases in which there has been no skillful diagnosis of the disease. All this is made more flagrant by the fact that the mode of vending has so much in it of the nature of swindle, that the advertisements are specimens of the extremest burlesque on temperate and appreciative com-

mendation, and that examination into the past history of such like medicines has shown them either worthless or not of value adequate to their cost.

The manufacture and vending of them partakes so much of the nature of illegitimate trade that their authors either use feigned names or suffer in public opinion by the association. And to us it seems one of the most prevalent and questionable breaches of ethics that we give special patronage to a class of men who are as diligent in selling all sorts of patent medicines as they are in putting up our prescriptions, and even wrap up our very bottles and boxes in some patent puff. Worse still, we enrol as members of our medical societies, physicians engaged in this very business. They are, many of them, noble men, who would not intentionally do wrong, and I am far from looking down upon them, for I consider we are *particeps criminis*, almost to the equality of principals, or at least accessory before the act, and so ethically fully as responsible as they. And to my mind this is the greatest ethical degradation which we are guilty of in this day, and more is done for patent medicines, and so for irregular practice, by physicians and druggists than by all others combined.

It has long been clear to my mind that our profession should distinctly throw its influence with such druggists as throw their influence against the patent medicine system, and that we should recognize a dividing line between pharmacy and that mixed business of drugs, patent medicine agents and nostrum advertisers, just as we do between regular physicians and the great army of prescribers. If physicians in our larger cities would combine to this end, they would initiate an ethical and moral reform which would greatly elevate our profession and still more grandly subserve the public health. One feels abashed in presenting a bold front as a model of ethics, when

the men to whom he is chief patron in medicine makes his largest profits on those secret compounds whose signs are most prominent in his windows, and the use of which ignores the practice of our art.

We have advanced these views on ethics because, from what has occurred in the American Medical Association and in some State Societies, it is evident that we are needing to define or to discuss the true ethics of the profession, and we may do this all the more readily because the progress of our profession in the last few years makes all the more apparent to us the boundaries between empiricism and orthodoxy, and renders practicable that self-assertion which is not bigotry, but which is ethically because morally due in order that the false and illogical may not get any wardrobe from us in order to put in the appearance of decorous regularity.

We have not desired to speak in any declarative way, nor with tenaciousness of preconceived opinion, but rather to present such views as seem to us tenable. We believe, at least, that more thorough examination of the subject from the stand-points named will be promotive of the true etiquette of our profession, and that by seeking more definiteness and uniformity as to our ethical views, we shall benefit our calling not only in *esprit de corps*, but in all that pertains to its material advancement and practical usefulness; for ethics is not a dress-parade question, but has integral relations both to the welfare of the profession and the common interests of the public whom we serve. We are ethical because we are on duty and on the march after disease, and need the drill and decorum of a well-equipped corps, and need that stragglers and deserters be kept outside the line in order that we may do good effective service for the public weal.

REPORT OF THE STANDING COMMITTEE.

The Standing Committee report the receipt of communications from the most of the District Societies of the State. Eight of the Reporters, by promptness in the performance of their official duties, are entitled to seats as members of this Society.

In the matter of furnishing reports, the organization of the District Societies seems to be as complete as can be desired. There is, however, on the part of the members of the Societies too much evidence of a want of individual responsibility toward their reporters, which greatly needs correction. Your Committee believe that they cannot introduce their report at this time more appropriately than by quoting in full the remarks of Dr. Andruss of Sussex county, with reference to the urgent necessity of co-operation with the reporter by his associates in the District Society. The complaint which he makes is the standing complaint of nearly every report received by the Standing Committee. He thus writes: "I presume that I am in no greater dilemma in regard to making a report of health and disease, than other reporters throughout the State. But I can assure you, it is a task impossible to perform without the co-operation and assistance of the physicians of the county. One branch of our State Medical Society is for the purpose of recording and placing before the physicians of the State a true report of the causes, nature and treatment of disease. It would be as impossible for some person living in Cape May county to give a report of Sussex county, as it is for a physician whose labors are confined to a small territory in one corner of the county, to make anything

like a true report without the assistance of statistics and facts furnished by the medical men of the county. I was honored at the last meeting of our Society as Reporter to the State Society, and some four weeks ago I wrote to every practitioner in the county to send me some statistics to frame a report. Credit is due to two only. If it should ever be my misfortune again to be elected to the responsible duty, I shall direct all my correspondence to the undertaker, hoping thereby to get the result if nothing else. At the last meeting of our Society all the members expressed and manifested a great desire to have our Society give a full report; and if not done a fine of five dollars was imposed on the reporter. Quite adverse to the Irishman's description of the steam shovel, viz., 'You can shovel, but you cannot vote.' Our members *vote*, but do not *shovel*."

The year now under our review has been distinguished by a general prevalence of health. The last summer was marked by unusual heat, and the winter was long and of a uniformly low temperature. The snow which fell on Dec. 26th, by frequent additional storms remained upon the ground over East Jersey till the middle of March, and in West Jersey the amount of snow was greater and of longer continuance than for many years before. The spring has been cold, and vegetation has been retarded to an unusual degree. These meteorological conditions have been coincident with a more general state of health than the more moderate summer and the warm, open and humid winter of 1871–2. The reports upon prevalent disease have thus been correspondingly limited. In

BERGEN COUNTY,

diseases of the respiratory organs have been less frequent, with a smaller number of cases of phthisis than usual. Dysentery, which in former years was endemic and of severe

form, seldom now occurs. Scarlatina, Diphtheria and Typhoid have called for a very limited degree of professional attention. The only disease which has assumed an epidemic form was an influenza or acute Catarrh, the force of the attack being mostly spent upon the mucus membrane of the nasal passages, pharynx, and occasionally upon the larynx. It began to prevail soon after the subsidence of the epidemic of a similar nature among horses. Some insisted that they contracted the disease from their own horses. The reporter has no reason, however, to ascribe its prevalence to contagion.

The report from

BURLINGTON COUNTY,

in addition to the moderate prevalence of the ordinary diseases of the air passages and bowels, and of those more or less influenced by miasmatic causes, notices an endemic in the village of Pointville, containing about thirty families, of temperate habits and with good hygienic surroundings, elevated in situation, aluminous soil, and removed from the influence of swamps and marshes. The endemic numbered about fifty cases, sparing neither age nor sex. The course of the disease was protracted and somewhat anomalous with slow convalescence. The symptoms are carefully detailed in the report which classes it as a cerebro-spinal affection, with a strongly-marked typhus tendency. The fatal cases were few. The fever lasted from the summer of 1872 to midwinter, when it disappeared. In Bordentown, Pneumonia has been more than usually prevalent; the fatal cases occurring among the aged. In the same town Scarlatina appeared in January and February in a malignant form, proving rapidly fatal in many cases in the earlier stage of the disease. In some of the cases of the anginose form, Diphtheria supervened about the 7th day. The adults attacked recovered; the children all died.

The committee commend attention to the Burlington District report, as fairly illustrating the sympathy and co-operation of the medical men with their reporter, the want of which the reporter for Sussex so deplores.

The reporter for

CAMDEN COUNTY

Says that the general health has been above the average of previous years. The epidemic of small-pox reported last year disappeared upon the approach of the summer heat. During the summer, diseases of the bowels were common, especially among the poorly-housed residents of Camden. In Waterford, Intermittents and Remittents were common, together with Cholera Infantum and Dysentery. Typhoid or enteric fever, commencing as such from the beginning, has existed throughout the year, to a limited extent, being as frequent at one season as at another. It did not usually prove fatal.

Influenza was very prevalent in the autumn and early winter, exhibiting similar nasal and catarrhal symptoms with those of the horse epidemic, and nearly coincident with it. During the winter, Measles and Mumps were very general, so much so as sensibly to deplete the public schools in Camden.

From

CAPE MAY COUNTY,

Dr. Marcy reports an extended epidemic of the same disease, remarkable only for its completeness and mildness—old and young alike were affected, from the infant to the old man of three-score. It will be many years before another epidemic of the same disease can occur so general as it has now been. In about eight hundred cases, eight or ten only were fatal. The doctor remarks that disturbances of heart action have been common. The cause is not manifest. It put on the

form of "irritable heart," and was for the most part quieted down by rest and tinct. Digitalis with martial tonics. Old cases of organic disease, that have remained stationery for years, have been excited into new action, and those who have never exhibited any disease of that organ have been subjects of attack. None have proved fatal.

ESSEX COUNTY

Has been free from any extended epidemic. Small-pox still prevails to a limited extent in Newark. Scarlatina has appeared in various locatities, but has not proved epidemic anywhere. The same is true of Diphtheria. Cerebro-spinal Meningitis has occurred occasionally, with some fatal cases. In Orange the general health has been good. Early in the summer, during a week of very hot weather and humid atmosphere, a series of suddenly fatal cases of Cholera Infantum occurred. Subsequent to that time there was less of this form of disease than usual. Pneumonia, which was quite common during the damp chilling weather of the previous winter, was less frequent during the uniform cold of the last.

GLOUCESTER COUNTY.

In addition to the ordinary diseases of that section, among which Rheumatism and Rheumatoid affections are spoken of by the reporter as their bane and opprobrium, has been added an epidemic of Measles, wide spread, and in some instances of peculiar complication. It spared no extreme of age, and expended its violence chiefly upon adults. Previous attacks afforded no protection from a renewed assault. Fatal results followed two conditions: 1st, the puerperal state, and 2d, when complicated with Cerebro-spinal Meningitis. This

fearful affection appeared intercurrent with many cases of the disease, the history of which is detailed in the report. In

HUNTERDON COUNTY,

The reporter notices a more than usual disturbance during the summer and autumn of the nervous centres. Those predisposed became insane, and many suffered from paralysis and other forms of Neurosis. At Lambertville, Scarlatina in the anginose form and mild, appeared in February and March. Some Pneumonia, and a larger number of deaths from Paralysis are noticed. Erysipelas was endemic here in February. At Stockton there was more than the usual amount of sickness, Erysipelas and Acute Rheumatism being the more serious forms of disease, with some Scarlatina. Remittents and a few cases of Cerebro-Spinal Meningitis.

A limited report from

HUDSON COUNTY,

Informs the Committee that the diseases of the year have been of a malarial nature, and such as are incident to the neighborhoood of vast tracts of marsh land unimproved or upon a tide level. Small-pox was prevalent during the last spring and summer, to a greater extent than for many years before. The mortality, as compared with the number of cases was small. The reporter notices the erection during the last year of a large and commodious asylum for the insane of the county, which is now occupied by nearly one hundred lunatics. This institution owes its existence, by the action of the board of freeholders, to the energy and influence of a Committee of the Hudson District Medical Society.

MERCER COUNTY

Is reported as entirely exempt from disease in epidemic form. Those which occurred had their origin in the ordinary atmos-

pheric variations and the malarial influences of certain sections of the county. Dr. Deshler, of Hightstown, notices the prevalence there of a form of remittent fever of miasmatic origin, which, if not promptly arrested by large doses of quinine, became typhoid, and usually fatal. He says that the therapeutic value of drugs was made very apparent in this endemic. In every instance where energetic treatment was early resorted to, recovery was rapid, while delay was always followed by protracted and serious illness. Mild Scarlatina has occurred in the same town to a limited extent, and numerous cases in Windsor and Dutch Neck—a few proving fatal. Four cases of Cerebro-Spinal Meningitis are noticed by the doctor. In

MIDDLESEX COUNTY,

The year has been marked by an absence of any epidemic or contagious disorder. Isolated cases of Scarlatina and Variola, and a moderate amount of Pneumonia and Bronchitis has appeared. More intermittents have been seen in New Brunswick than in former years, caused by the excavations made for purposes of sewerage. A number of cases of Cerebro-Spinal Meningitis have occurred in New Brunswick.

MONMOUTH COUNTY.

Has experienced no special visitation of sickness worthy of record. Measles were very general in Holmdel, and Scarlet Fever prevailed quite extensively throughout the county, its type varying in different localities. In

PASSAIC COUNTY,

The only diseases requiring special notice are Cerebro-Spinal Meningitis and Small-pox. Of the former, which prevailed during the last spring and early summer, it is impossible to

give the total number of cases, but it was not great. The disease appeared in a variety of forms and with varied symptoms. The most constantly present of all, was rigidity of the muscles of the neck. In only a few cases was there any well-marked cutaneous eruption. It appeared chiefly among children, though no age was exempt. It occurred in all sections of the city, and in all classes of society. Its origin could not be traced to contagion or any other cause. A report of five cases by Dr. Van Geisen is furnished with the report. The reporter also gives a history of Small-pox in Paterson, with statistics of vaccination, which is commended to the attention of the Society. In

SUSSEX COUNTY,

Small-pox occurred in a virulent degree in Lafayette during the winter. In Hamburg, infantile erysipelas has appeared in quite a number of cases—some severe, and in one case fatal. In Vernon Pneumonia has been severe in the practice of Dr. Allen. So also in Sparta the cases of this disease have been frequent and severe. The reporter furnishes a communication from Dr. Ryerson, upon Strangulated Hernia, which is recommended by the Committee for publication in the Transactions.

WARREN COUNTY

Has not been visited by epidemics. The prolonged winter was one of unusual health. Pneumonia was rare; bronchial affections not numerous; and the average fatality from all causes was the lowest known for many years.

The sanitary condition of the year under review shows a moderate prevalence of Scarlatina, Diphtheria and the varied forms of fever. None of these have been severe, except in very limited localities, and the fatality has been small. Mea-

sles have been wide-spread in the Southern counties, attacking adults more frequently than usual; and in Gloucester county rendered remarkable by its complication with Cerebro-Spinal Meningitis. This latter disease is noticed in almost all the reports as occurring to a limited extent, but epidemic only in Paterson. The frequent notice of it this year is in contrast with the reports of a number of years before. Where it has occurred, the severity of the symptoms and its mortality has been fully equal to that of its epidemic period. Influenza was endemic in Bergen, Camden and Cumberland counties, nearly coincident with the epizootic of the last autumn. The reporters of the two former counties do not regard it as affected by or necessarily connected with the disease among the horses. The reporter for Cumberland attributes its prevalence in the human to the same epidemic influence which affected the equine species. Neither of them believe it to be the result of contagion. We note this fact because of some published records in the Medical journals which have seemed to warrant the suspicion, at least, that it possessed a contagious element. The reports before us are conclusive that neither the morbid epidemic influence nor the contagion of the universal equine epizootic has had any perceptible effect upon the general condition of health of New Jersey.

We notice some suggestions furnished in the reports upon

THE TREATMENT OF DISEASE.

Dr. Vanderbeck, of Monmouth, commends the use of ergot in Headache, thirty drops of the tincture, every half hour, until relief is obtained. He has found it a very useful remedy, though not a specific. Dr. Larison, of Hunterdon, has used with good success the nitrous-oxide gas, by inhalation, in cases of Phthisis Pulmonalis, and details cases the history of which convinced him of its value in renovating the wasting powers

and restoring healthy function. Dr. Love, of Essex, uses as a convenient and very useful appliance in the Pneumonias of children and youth, a plaster enveloping the walls of the chest, composed of resin, wax and common soap, melted together, and rectified spirits of wine, spread on a stout piece of muslin. The formula is contained in the report from Essex district. Dr. Townsend of Burlington, treats Acute Rheumatism and Gout by the use of the chloride of propylamia, the rheumatic cases yielding in from three to thirteen days, and the gout in ten. He has used this remedy with general success for ten years, and has never seen a patient relieved by it who suffered a recurrence of the disease, and but few are followed by any chronic symptoms. Nor has he found it succeeded by valvular or pericardial complications. In puerperal convulsions he continues to use with success the veratrum viride by endermic injection, as recommended by him in 1870, and commends it to the attention of practitioners. Among the

CASES OF INTEREST,

Dr. Jobs, of Essex, reports the occurrence of an apoplectic state producing paralysis, and being truly periodic and curable by specific treatment. Also a periodic spasm of the urethra, curable only by quinine, and this after repeated catheterism. Dr. McLean Forman relates a case of poisoning by aconite. The patient, aged thirty-five, took by mistake twenty drops of the tincture of the root. The physiological effects began to disappear in about five hours, though the pulse remained feeble, and dizziness was complained of for two days. Dr. Baldwin, of Middlesex, relates a case of poisoning by creosote in a child aged 17 months, who took, as was supposed, about a drachm. The nurse, who had left him but a few minutes, found him tottering and just caught him as he was falling. He lapsed into insensibility, and in about half an

hour was comatose and stertorous, with contracted pupils; the surface of the body cyanosed; the breathing slow; the pulse weak but not frequent; breathing at times stridulous; the chin, neck and interior of the mouth and fauces showing the corrosive effect of the poison. Albumen was given, and followed by ipecacuanha, which failed to act till wine was given. The contents of the stomach when thrown up smelled strongly of the creosote. In about nine hours he was restored to perfect consciousness, the remaining treatment relating to the severe excoriation caused by the poison.

Dr. Snowden, of Camden county, reports a case of deficient abdominal walls at the umbilicus, at birth. A hernial tumor, four inches in diameter, protruded three inches beyond the abdomen. The cord was attached to the centre of the tumor, and the latter was covered by a reflexion of the tissue covering the funis. The intestines could be seen distinctly through the tissue. The skin gradually formed in isolated spots, which coalesced and covered the tumor in about three months. Dr. Elmer, of Cumberland, reports a case of congenital chignon—a veritable chignon, of proper shape and in proper position. The wearer fortunately died in a few days. The post-mortem examination proved it to be a sack proceeding from the foramen below the occipital bone, lined with brain membranes, and filled with a gelatinous fluid.

Dr. Cooper, of Camden, notices a case of ovarian tumor in a girl sixteen years of age. When an enlargement of the abdomen was first noticed, her general health was good, and all the functions in exercise except the catamenia. Upon examination a hard and painless tumor was felt to the right of the median line. It continued gradually to increase until the constitutional symptoms rendered it necessary to draw off the accumulated fluid by tapping, which was performed, relieving it of sixteen quarts of a demi-ropy fluid. A second

and third tapping was performed, affording temporary releif. She died without an operation in about eighteen months. The autopsy revealed a tumor springing from the right ovary by a narrow pedicle, with slight abdominal adhesions. Its weight with the contained fluid was sixty-three pounds. Other cases of much interest will be found in the reports, together with a full history of a case of Ruptured Uterus, and one of Placenta Prævia, to both of which the attention of the Society is commended.

The Necrology of the year is as follows:

Roderick Byington,	Belvidere, .	aged 80,	September,	1872.
Edmund Hance, . .	Glassboro, .	57,	November	29, 1872.
Abraham Hopper, .	Hackensack,	75,	December	14, 1872.
J. R. Stuart, . .	Newton, .	63,	January	15, 1873.
Jno. H. Stokes, .	Moorestown,	65,	January	20, 1873.
Wm. Van Deursen, .	New Brunswick,	81,	February	16, 1873.
Isaac S. Mulford, .	Camden, .	73,	February	17, 1873.
Dr. Reilay, . . .	Succasunna,	43,	March	23, 1873.
David D. Dildine, .	Hope, . .	26,	September	1872.
Silas C. Cook, . .	Hackettstown,	80,	March	1, 1873.
Jno. Alfred Gray, .	Flemington,	60,	September	29, 1872.
Wm. Knight, M. D, .	Metuchen, .	45,	August	6, 1872.
Jas. Pascal Smith, .	Orange, .	61,	October	11, 1872.
Jno. Titsworth, . .	Deckertown,	80,	February	1, 1873.

STEPHEN WICKES,
J. E. CULVER,
S. C. THORNTON,
Standing Committee.

APPENDIX

TO

REPORT OF STANDING COMMITTEE.

In Memoriam.

JAMES REILAY, M. D.,

Born May 27, 1829. Died March 23, 1872.

WILLIAM KNIGHT, M. D.,

Born December 14, 1827. Died August 6, 1872.

RODERICK BYINGTON, M. D.,

Born October 27, 1799. Died August 18, 1872.

DAVID D. DILDINE, M. D.,

Died September 29, 1872. Aged about 26 years.

JNO. ALFRED GRAY, M. D.,

Born July 6, 1812. Died September 29, 1872.

JAS. PASCAL SMITH, M. D.,

Born November 21, 1833. Died October 11, 1872.

EDMUND HANCE, M. D.,

Died November 29, 1872. Aged 56.

In Memoriam.

ABRAHAM HOPPER, M. D.,

Born April 26, 1797. Died December 14, 1872.

JNO. R. STUART, M. D.,

Born March 11, 1809. Died January 15, 1873.

JNO. HINCHMAN STOKES, M. D.,

Born 1808. Died January 20, 1873.

JNO. TITSWORTH, M. D.,

Born April 19, 1793. Died February 1, 1873.

WM. VAN DEURSEN, M. D.,

Died February 16, 1873. Aged 81.

ISAAC S. MULFORD, M. D.,

Born December 31, 1799. Died February 16, 1873.

SILAS C. COOK, M. D.,

Died March 1, 1873. Aged 80.

OBITUARIES.

JAMES REILAY, M. D.

BY H. R. BALDWIN, M. D.

Dr. JAMES REILAY was born at Durham, Bucks county, Penn., in the year 1829. After his preliminary education, he entered Lafayette College at Easton, but towards the close of his college career he left Easton and entered Union College, whence he graduated in the year 1849. He commenced his medical studies with Dr. Condict, at Blairstown. He attended lectures at the College of Physicians and Surgeons, University of the State of New York, and graduated in the year 1852, having previously taken a course at Woodstock, Vt. He commenced practice at Lambertville, N. J. In the year 1862 he was appointed Surgeon of Twenty-fifth Regiment of N. J. Volunteers (a nine-months regiment), and was soon appointed Brigade Surgeon; was mustered out of service June, 1863. He helped to raise the Thirty-third Regiment N. J. Volunteers, and was appointed Surgeon; was in the Twentieth Corps under Hooker at Lookout Mountain; and with Sherman at Atlanta. He successfully passed examination for promotion to some general hospital. The near approach of the close of the war, however, induced him to return to his regiment. He was mustered out of service in the year 1865, at Newark, N. J.

Dr. Reilay had an extensive practice at Succasunna, N. J., and continued his professional pursuits with slight interruption until his death. He came to the writer for advice, and after examination was found to be suffering from Diabetes Mellitus. He was recommended the treatment of Dr. Camplin, under which he was greatly improved. He died March 23, 1872, of a pleuritic attack, which was probably secondary to the original malady.

RODERICK BYINGTON, M. D.

BY J. C. JOHNSON, M. D.

RODERICK BYINGTON, M. D., was born at Stockbridge, Berkshire county, Mass., October 27, 1799, and died at Belvidere, N. J., August 18, 1872, in the 73d year of his age. He read medicine with the late Dr. David Green,

of Johnsonsburg, N. J.; spent some time in the office of the late Prof. Geo. McClellan, of Philadelphia; and graduated at Jefferson Medical College. He began to practice in March, 1825. After spending six months at Richmond, Pa., he returned to Johnsonsburg, and succeeded Dr. Green in the care of his large practice. In October, 1841, he removed to Belvidere, where he continued to labor until growing physical infirmities disabled him some four years previous to his death.

Dr. Wm. P. Vail, of Johnsonsburg, a contemporary of nearly his whole professional career, thus writes of him as a physician, a citizen, and a Christian:

"During the sixteen years of his residence in Johnsonsburg, he led an active and laborious life. The field which he occupied alone was subsequently shared by five additional men at different points. On his 'Old Bolivar,' as his horse was called, with well-crammed saddle-bags, he used to jog along early and late, without much regard to weather or roads, worn and tired, sleeping by the way. With him a summons was imperative. He was what was termed, at that time, a heroic doctor; the fashion then was what would now be considered, and justly, excessive medications. Dr. B. ever kept a sharp eye on all that was going on in the science of medicine. He saw and lamented the uncertainty of his calling, and sighed for improvement.

"Outside of his calling, Dr. B. was no neutral character. On all questions that related to society he would study the aspects of right and wrong, and having settled which was right there he would plant himself. When the vital question of Temperance came under discussion it took him no time to choose his position, and no more ardent advocate ever stood up to vindicate the cause of God and humanity than he. Would that all of his profession were like him in this respect.

"Many years ago the cause of common schools found him a devoted friend and supporter. His record here is noble; he worked in the cause as few men do. The subject was ever in his mind, and in the pressure of professional duties he found time to serve as trustee or superintendent well nigh throughout his active life.

"Dr B., while at Johnsonsburg, made a public profession of his faith in Christ, and served as ruling elder in the Second Presbyterian Church of Belvidere. He was a zealous and consistent confessor of Christ, and without display never shunned the responsibilities involved in that confession. Called in the Providence of God to endure very sore and repeated domestic afflictions, he bore them all with a becoming spirit. For several years before

his end he was much broken down in bodily strength, but he endured to the last, witnessing a good confession. Of such men we may truly say the world is all the better for their having lived in it."

To this just tribute, let me add testimony to his zeal and faithfulness to our medical organizations. Dr. B.'s mind was naturally critical, and he searched for truth and knowledge from every source, and his steady attendance and encouragement to the younger members of our Society was one of the greatest helps to its present prosperity. At its meetings he ever showed that he kept his knowledge well advanced with the rapid strides of medical science.

DAVID D. DILDINE, M. D.

BY J. C. JOHNSON, M. D.

DAVID D. DILDINE, M. D., studied medicine with Dr. J. D. Dewitt, of Harmony, Warren County, He graduated at the University of New York, in March, 1870, and soon after settled at Hope, in this County, where he resided until his death—which occurred from Typho-Malarial Fever, about the end of September, 1872. Dr. Dildine was a successful practitioner—lacking physical strength—by his diligence and faithfulness in the discharge of his duty, he gained the affections and confidence of many patrons, who mourned his early departure and their loss of a physician, a citizen, and a sincere Christian. He was aged about twenty-six years.

JNO. ALFRED GRAY, M. D.

BY JNO. BLANE, M. D.

JOHN ALFRED GRAY, M. D., died at his residence in Flemington, September 29th, 1872. He was born on the homestead farm of his father, Joseph Gray, in the vicinity of Princeton, July 6th, 1812. His mother's maiden name was Annie Furman; his parents were both natives of New Jersey. His father died in 1824, when he was twelve years old. Before entering college he was the pupil of Rev. Dr. Baird, of Princeton. He graduated at Nassau Hall, in 1832, and studied his profession with Samuel Howell, M. D., of Princeton, and attended the lectures of Jefferson Medical College, where he graduated in 1836.

He then removed to Toledo, in Ohio, and practiced his profession and became Assistant Editor of the "Toledo Blade;" and from thence he

removed to Rocky Hill, in Somerset County, where he practiced from 1844 to 1854, when he removed to Flemington, where he continued until his death.

Dr. Gray was an efficient practitioner; his health, of late years, failing, he was not as prominent in the active walks of the profession as his qualifications and merits entitled him to. He was conservative in practice, and yet not behind the times; he kept himself posted on the progress of the science of his chosen profession. He was a member in good standing in the District Medical Society of Hunterdon, attending to his duties with alacrity. In 1865 was its President, and in 1856-57-58-59 a member of the Board of Censors, for that district.

In 1864 he became a member of the American Medical Association. On July 3d, 1837, he married Miss Abby Douglas, daughter of Joseph Douglas, Esq., of Trenton, Oneida County, New York, who died at Rocky Hill, February 22d, 1846, aged thirty-two years. On May 24th, 1848, he married Miss Jane Allen Hart, daughter of the late Neal Hart, Esq., of Rocky Hill, who survives him.

JAMES PASCAL SMITH, M. D.

BY A. W. WOODHULL, M. D.

James Pascal Smith, A. M., M. D., was born in Albany, New York, on November 21st, 1833, and died in Orange, New Jersey, on October 11th, 1872; aged thirty-nine years and eleven months.

Dr. Smith was the youngest son of Mr. Samuel Platt Smith, a resident of Orange, and manufacturer in Newark, New Jersey. His mother's name was Sarah Wilcox, daughter of Ephraim Wilcox.

Dr. Smith enjoyed the best advantages for obtaining an early education, and was prepared and entered the freshman class in Nassau Hall, Princeton, New Jersey, in 1851, and graduated from that institution in 1855.

Immediately upon graduation, he began the study of medicine with Dr. Isaac A. Nichols, of Newark, New Jersey, and in 1858 received his degree as Doctor of Medicine from the University of the city of New York.

The year after receiving his degree he spent in the Charity Hospitals of Blackwell's Island, and the succeeding year—1859—began private practice in the city of New York. Here he met with a fair degree of success, and was about becoming well established in successful business, when, in 1861, upon the breaking out of the war, he felt that his duty called, and he promptly responded to his country's need and enlisted in her service. He

was appointed Surgeon of the celebrated Sixty-Ninth Regiment, New York Volunteers, and for three years followed its fortunes, in all its mishaps and trials, as well as in its numerous successes and victories. His health became somewhat impaired, and upon his return to private practice at the close of the war, in 1865, he felt the effects of the severe course of exposure which he had been called upon to go through. It is probable that he here contracted the disease which ultimately terminated in his death. After the war he settled in Chicago, Illinois. Here he met with as fair a degree of success as the varying conditions of his health would allow, being frequently compelled to give up, for long periods at a time, his practice, to be resumed upon returning health. In the Spring of 1872 evidences of severe disease supervened, symptoms of paralysis developed, and he was removed to Newark early in the summer. He speedily improved, and was on a visit to his father, and beginning to indulge hopes of future work and usefulness, when, in October, he was suddenly seized with an attack of an apoplectic character, and in a few moments died.

His remains rest in Mount Pleasant Cemetery, Newark, New Jersey.

Dr. Smith was a gentleman of the most genial, social character, was a faithful friend, and one to whom it was ever a pleasure to bestow a kindness, or assist another in distress. In his early life he became connected with the Presbyterian Church, and all through the luring temptations of college life and subsequent scenes, observed a correct and upright life; and in his last illness he expressed his only hope to be upon the Saviour, in whose service he had so early enlisted, and it is believed he died in a full hope of a blessed immortality.

ABRAM HOPPER, M. D.

BY HIS SON, DR. H. A. HOPPER.

Dr. Abram Hopper was born at Hohokus, in Bergen county, New Jersey, April 26, 1797, and died at Hackensack, in the county of his birth, Dec. 14, 1872. He had therefore nearly completed the seventy-sixth year of his life. His childhood and youth were spent on a farm with his parents at the place of his nativity. His academic education was received in the city of New York; after which he returned to his early home and commenced the study of medicine with Dr. John Rosencrantz, of Hohokus; with him he remained one year, then returned to the city of New York, entered the office of Dr. Valentine Mott, and continued with him under office instruction and col-

lege lectures, until the time of his graduation from the College of Physicians and Surgeons of New York, in the spring of 1818, at the age of twenty-one.

During the year following he settled and commenced the practice of his profession in the village of Hackensack, where he remained with very little interruption until the time of his death: thus, giving to the people of his native county the best — indeed the whole energy of an active and laborious professional life.

At the time of his settlement the town was very small and the country about it sparsely settled. Enjoying a large practice under such circumstances, his life was truly "spending and being spent" in the relief of human suffering. Industrious and intellectual in character, he kept himself familiar with the current medical literature and scientific events of his day.

Always an advocate of progressive science and an earnest supporter of every effort put forth for its maintenance, we find his name among the six physicians who in January, 1854, applied for and obtained a charter for organizing the District Medical Society of Bergen County. Under his auspices, together with the other five applicants, the society was organized in February of the same year, and he was elected its first president. At the annual meeting of the society in May following he was re-elected to preside over its deliberations; and again in May, 1855, the honors of the presidential office were conferred upon him.

During the period of his active connection with this organization he cheerfully contributed to its interests and usefulness both by written documents and oral discussions. Among his contributions are two, which were particularly well received by the society. A paper entitled "The duties of medical men in their intercourse with their patients and the profession," and another entitled "Hydrops uteri—or the periodical discharge of water from the uterus."

The doctor continued his active membership with the Society until October, 1871, when, in consideration of the increasing infirmities of age, he was by a unanimous vote of the organization, relieved from the discharge of its ordinary duties and his name was placed on the roll of honorary membership.

At the first annual meeting of the District Society after the death of Dr. Abram Hopper, held April 8th, 1873, the following resolutions were unanimously adopted:—

"WHEREAS, in the providence of God, our late colleague, Abram Hopper, M. D., one of the founders of this society and its first president, has been removed by death since the last regular meeting of the society,

Resolved, That, in the decease of Dr. Abram Hopper, this Society recog-

nizes the loss of one of its most prominent and honored members, whose efforts and influence, both in his public and professional life, were always actively enlisted in behalf of progress and reform.

Resolved, That in his unflagging industry in the care of the sick, and in his conscientious and self-sacrificing devotion to the labors of his profession, our deceased brother has left us an example of fidelity to the claims of professional duty, which commands our unqualified admiration and respect, and which is worthy of and should excite our constant emulation.

Resolved, That while we would tender our condolence and sympathy to the immediate family of the deceased, we would also unite with them in grateful acknowledgements, that he was not prematurely cut down in the flush and vigor of robust manhood, while his work here was yet unfinished, but that he was gently gathered to his fathers in the fullness of man's allotted years, and like a shock of grain fully ripe and ready for the harvest.

Resolved, That these resolutions be entered upon the minutes of the society and also published in the newspapers of the county: and that a copy of the same be sent to the family of the deceased."

DR. JOHN R. STUART.

BY JONATHAN HAVENS, M. D.

Dr. John R. Stuart was born in Newton, Sussex Co., New Jersey, March 11th, 1809, where he died January 11th, 1873. He was adopted at a very early age by his uncle, Daniel Stuart, by whom he was reared and educated, and to whose estate he was one of the heirs. His educational advantages were of the best class, and in 1827 he graduated at Rutgers College, New Brunswick. He then began the study of medicine in his native town with the late Stephen Hedges, who was then one of the most popular physicians of the county. During his studies he attended a course of lectures at the College of Physicians and Surgeons, New York, and received license to practice from the Medical Society of New Jersey, after an examination before a board of censors, at Morristown, in the Fall of 1831. He at once commenced practice in Newton, and in the following spring united himself with the District Medical Society, which he served for several years as a faithful and efficient secretary, and in 1849 was elected president. His interest in the Society was maintained throughout his life.

In February, 1843, he went to Sparta to take the practice left vacant by

Dr. D. M. Sayre's removal to Morris County. Soon after this change Dr. Hedges died, and in September, 1845, he returned to Newton, and at once succeeded in establishing an extensive practice, which he pursued with energy for ten or twelve years. After twenty-five years of active professional life he gradually withdrew from practice, and devoted most of his time to the sale of drugs, in which business he was engaged at the time of his death.

Dr. Stuart was well known as a courteous, gentlemanly man; of fine hospitality, an excellent physician, and much beloved by his patients and friends. His social qualities were remarkable. Few men have had warmer and more attached friends, and to these his hospitality knew no limits. His attachments were generally strong and enduring, yet he possessed such an ardent and positive temperament and so much ambition, that his feelings were quickly excited at the sense of unkindness or injustice; but there was a magnanimity in his nature that readily forgave an injury, if once admitted by the offender. He was also liberal to the poor, and during his life not only served that class but others, for which he received nothing as a compensation. As a physician, he was guided more by the cautious experience of an observing mind than medical theories. Trusting much to the curative efforts of Nature, he was content to consider himself her interpreter and ministering servant: following, not guiding her, and finding his chief employment in removing the obstructions which impeded her wise course to returning health. Although his declining years had not been marked by any particular disease, it had been apparent to those familiar with him that his physical endurance was diminishing as his age advanced. In November, 1871, while on a visit to bereaved and attached friends, the telegraph brought the sad intelligence of a sudden and obscure attack, which deprived him of consciousness for a day and night, and during which he had been carried from the cars of the New Haven Railroad to St. Luke's Hospital, New York. This was but the precursor of another and more alarming attack, which took place in his own store, on Monday evening, December 30, 1872. Although his consciousness was not at once extinct, he soon became unable to speak, and incomplete paralysis of his right side soon followed. After several days a gradual improvement of the paralyzed limbs were manifest, and several times he uttered distinctly the monosyllables yes and no, or made known his wants by the movement of his head, and his powers of recognition by extending his hand. This improvement, however, was brief, for after Saturday, January 11, there was no further evidence of restoration, and he afterward took so little nourishment, that on Monday his physicians had but slight

hopes of his recovery. On Tuesday it was evident that his vital powers were giving way to the diseased brain, and after a night of unconscious sleep he died peacefully on Wednesday morning, January 15, 1873. On Saturday the 18th, attended by a large concourse of sympathizing friends, his remains were deposited by the side of his wife in the Newton Cemetery.

JOHN HINCHMAN STOKES, M. D.,

BY WM. D. BISPHAM.

JOHN HINCHMAN STOKES, M. D., died at his residence, Moorestown, Burlington county, New Jersey, January 20, 1873. He was born in that place in 1808; and was the son of John H. Stokes, M. D., long an eminent and successful practitioner of medicine, and greatly beloved counsellor, confidential adviser and friend in that community.

Having attended the Latin instruction of Thos. Dugdale, a noted classical tutor in Philadelphia, he, in pursuance of the course marked out by his father, then deceased, studied Pharmacy under —— Marshal, of Philadelphia, previous to entering upon the study of medicine, under the late Dr. J. J. Spencer, of Moorestown, N. J., Judge of the Court of Errors and Appeals of N. J., attending the University of Pa., where he graduated in 1828.

He practiced his profession in his native town and neighborhood from that time actively and successfully, amassing large possessions, until about two years before his death, which occurred suddenly, in the bosom of his family, from an affection of the heart. Failing health had warned him to leave active duty, though up to the moment of his death he continued to counsel and advise, and attend his old patients and intimates.

He was truly—as was his father before him—the "beloved physician" and friend of his patients, whose number was great, his practice extending, in a thickly settled neighborhood, over a circle of country whose diameter was about ten miles.

His manners were gentle and considerate, and with great firmness and strong passions held under immense control, he won the respect and love of all who were brought in contact with him. The vast assembly of relatives and friends, rich and poor, high and low, from near and far, who came to attend his burial, attested that love and respect in which he was held.

JOHN TITSWORTH, M. D.

BY JONATHAN HAVENS, M. D.

JOHN TITSWORTH, son of William Titsworth and Margaret Middaugh, was born in the Clove, Wantage Township, Sussex county, New Jersey, April 19, 1793, and there died February 1, 1873. He attended the district school in the neighborhood until the fourteenth year of his age, when he went to Chester, Morris county, New Jersey, spending two years there, and afterward one year at Newburgh, New York. After this preparatory course he entered the Freshman Class at Yale College in 1810, at which institution he graduated with honors in 1814. Soon afterward he commenced the study of medicine with his brother-in-law, Prof. Eli Ives, of New Haven, and attended lectures in the medical department of Yale. He also attended the medical course of the College of Physicians and Surgeons, New York, and there completed his medical pupilage in 1817, after which he began the practice of medicine in New Haven, in connection with the business of a druggist. He was married May 31, 1819, to Abigail Allen, daughter of Nathan Beers, of New Haven, by which alliance he had two sons and a daughter. One son and the daughter survive the parents. He remained in New Haven until 1826, when he was obliged, on account of failing health, to return to his native place. When this was partially restored, he began to practice in the Clove, with great success, and continued until about the year 1850. After this time his attendance upon the sick was limited, except that he was frequently called in consultation. He united with the District Medical Society in 1840, and several times served as its President, when he invariably offered an address of more than ordinary merit. Even after he had abandoned practice, he continued to take especial interest in the annual sessions of the Society. At its meeting in June, 1869, by a unanimous resolution he was placed on its lists as an honorary member. Throughout his connection with the Society he was characterized by a genial and generous interest in other physicians, especially the younger members, treating them with great kindness and courtesy, and endeavoring to promote harmony of feeling and action. His last address to the Society, in 1866, on "The Duties of Physicians, and their intercourse one with another," showed no decline in his mental faculties, and exhibited the same interest he had in active life manifested in sustaining and promoting the honor and dignity of his profession.

As a physician, he held a prominent position among those of his day, and his mind was well stored with the knowledge gained by the study of the

best medical literature furnished during the period of his active life, as the writer can well attest, being but a few years since the recipient of his extensive and valuable library of medical works. To describe the personal character of Dr. Titsworth would be a fruitless task. Those who knew him well can remember him as one possessed of a peculiar and extremely eccentric disposition and habits, and fearless of expressing his own ideas, however much at variance with popular opinion. His mind was of a high order, and being a constant reader was well stored with varied knowledge. His conversational powers were remarkable, and no one sat with him long without becoming fascinated with his ability to interest and instruct them on any subject. Notwithstanding his peculiarities, his native kindness of heart made him a welcome visitor everywhere, and those who met him under his own roof enjoyed the warmth of his hospitality.

Besides many noble qualities that made him popular as a man and a physician, he possessed the graces of a sincere and consistent Christian. In 1833, he made public profession of his faith in Christ, and united himself with the First Presbyterian Church of Wantage, and about 1840 was elected Ruling Elder—a position he faithfully filled until his death. The welfare of the Church and the advancement of true religion always received his earnest and devout attention. He was seldom absent from religious service, and took an active part in all Church matters. He had a special interest in the Missionary work, and kept himself familiar with the progress of missions in every field of labor. By such a life he was prepared for the sudden death which took him from earth, without a warning sickness, early on the morning of February 1, 1873. Before he had finished dressing for the day, he complained to his son, and said if he could be bled he would feel better, but before any assistance could be afforded he leaned his head forward upon his hands, resting upon a table, and in a few minutes expired.

WM. VAN DEURSEN, M. D.

BY H. R. BALDWIN, M. D.

Dr. Wm. Van Deursen was born in the city of New Brunswick, May 16th, 1791. He graduated from Queen's College in the year 1809, and from the College of Physicians and Surgeons in the year 1814, during the period when lectures were delivered in Barclay Street. Dr. Van Deursen was elected a member of the Board of Trustees of Rutgers College in the year 1823. He was first settled at Imlaystown, and afterwards at New Bruns-

wick, at which place he secured an extensive practice. He was especially distinguished for his skill in surgery. In all the departments of his profession he was remarkably well read; he had many students who entered the profession from his office—among others, Dr. W. A. Newell, late Governor of this State. In person Dr. Van Deursen was about the medium height, erect in his carriage, and punctiliously neat in his dress; his manner was courteous, but guarded by a dignified reserve which forbade familiarity. For more than fifty years he was esteemed the leading physician of the town, and finally, full of years and of honors, he died on the 16th day of February, 1873, leaving the legacy of a good conscience, and bearing his testimony to the reality of the Christian faith, at the ripe age of eighty-two.

ISAAC S. MULFORD, M. D.

BY H. GENET TAYLOR, M. D.

Dr. Mulford, son of Henry, and grandson of Stephen Mulford, was born at Alloways Creek, Salem county, New Jersey, on the last day of the last century (Dec. 31, 1799).

His parents and grandparents were remarked for their quiet, upright, simple manner—men and women of more than ordinary intelligence, as appears from their letters, now in possession of the family, written ninety years ago.

Dr. Mulford, at an early age, evinced a desire for a professional life, and in the year 1819 enrolled himself as a student of medicine at the University of Pennsylvania, under the preceptorship of the late Joseph Parrish, M. D.; graduating at that institution in the year 1822.

Shortly after graduating, he was appointed Physician to the Pennsylvania Hospital, in which capacity he served for one year. He then commenced the arduous duties of his profession in Camden (then a mere village, or more properly called the "Ferry," numbering but a few hundred inhabitants.) Here he remained in active practice until a month previous to his death, serving a long and faithful career of fifty-one years.

As a man Dr. Mulford was characterized with high and honorable feelings, just and upright in all his dealings, compassionate and considerate for the misfortunes of others. His gentle manners were not only to be found at the bedside of his patients, but was with him in all his walks of life. A high sense of integrity, even above the ordinary acceptation of the term, was one of his prominent characteristics, and in all his business relations he was never known to deviate from this cardinal feature.

In the year 1830 he was married to Rachel Mickle, daughter of the late Isaac Mickle, of Gloucester county, one of the oldest and most respectable families in New Jersey. Shortly after he joined the Society of Friends, and became one of their prominent and leading Elders, exercising a wide influence in that Order until the day of his death.

In his professional life, he occupied the full confidence and respect of his brethren, and in difficult cases, where accurate diagnosis would be called in question, none could decide with more certainty as to the nature of the disease.

His high sense of honor, and the exalted view which he entertained for the profession, ever led him to a rigid adherence of the rules of medical ethics, and in his intercourse with the members of the profession he was ever courteous and considerate.

As a medical writer, Dr. Mulford has contributed several valuable essays, and numerous lectures on scientific subjects. His "History of New Jersey," written many years ago, has always been considered a standard work. He devoted much time to the interests of our public school system, and his valuable services were recognized in an appointment in connection with the schools by the Executive of our State.

His death occurred February 16, 1873, after an illness of one month. The first symptoms of his sickness began in the middle of January. On his return from a professional visit, he was taken with Aphonia, which lasted twenty-four hours. A severe inflammation of the mouth and fauces ensued, resulting in Laryngitis. During the last week of his illness, his enfeebled constitution apparently rallied, and the active inflammatory condition subsiding, his attending physicians were hopeful of his ultimate recovery, but the night before his demise, he was seized with an attack of Angina Pectoris, and his death occurred the following evening.

Dr. Mulford was one of the oldest members of our County and City Medical Society, his name appearing second on the list. He was a regular attendant at all the meetings, and evinced a remarkable interest in the proceedings of both organizations; never allowing any question of importance to be decided without fully and freely expressing his views in a clear and concise manner; ever tolerant toward the opinion of others, while adhering with tenacity to his own.

In his death the medical profession of our State have met with a great loss, but none will or can feel it more severely than those with whom he associated in his daily paths of life. It has been truly said of him,

"That there was an intensity of nature, as well as a tenderness of soul, in the man, little suspected, save only by those who knew him best."

The following preamble and resolutions of the Camden City Medical Society, fully express the deep, earnest feelings of his medical brethren, at the time of his death:

CAMDEN CITY MEDICAL SOCIETY,
CAMDEN, N. J., Feb. 19, 1873.

At a Special Meeting of the Camden City Medical Society, held on Tuesday evening, February 18, 1873, the following preamble and resolutions were read, adopted, and their publication directed:—

WHEREAS, It has pleased the Divine Disposer of all human affairs to remove from our little circle of co-laborers in the healing art, the oldest and one of the most honored of our fellows, who, born in New Jersey during the first month of the current century and graduating at his majority from the time-honored University of Pennsylvania, devoted himself immediately and unceasingly, until within a very few days of his decease, to the service of this, his native State, in the practice of the most arduous profession of his choice; therefore,

Resolved, That the members of the Camden City Medical Society severally and collectively have heard, with profound regret, of their fraternal, social, professional, and public misfortune in the death of their late Ex-President, the venerable Isaac S. Mulford, M. D., who, on the 18th instant, passed from the unremitted service of fifty years, we trust, to his just reward as a man of unswerving rectitude, a Christian of consistent practice and a professional brother who coupled with the influential dignity of age and great experience an unpresuming courtesy never to be forgotten even by the youngest of his *confreres*.

Resolved, That, in the most difficult branch of Diagnosis, Dr. Mulford displayed an almost instinctive acumen which gave him a pre-eminence in general practice, like that won by his old preceptor, the world-renowned Dr. Philip Syng Physick in the Surgical Department, while his extreme caution in therapeutics rendered him a marked conservative among the enthusiastic investigators of Modern Science—the former quality rendering his loss almost irreparable to the seniors of our professional community, while the latter served as a most valuable check upon any undue experimental and speculative tendencies among their juniors.

Resolved, That, in tendering our heartfelt sympathy to the bereaved family and relatives of the deceased, we but re-echo the general voice of his fellow citizens, who will long remembor the tall, bent form, the staid and sober gait, the backward folded arms, the thoughtful, serious, downward-gazing eye, incognizant of the transient passenger, which gained the unlimited confidence of his thousands of patients, won the respeet of the stranger who

knew him not, and compelled even the rudeness of the rabble to yield the path, by its electric influence over less worthy minds.

Resolved, That the members of this Society attend the funeral in a body, in testimony of their high appreciation of the worth of one who ever stood forward as a defender of the etiquette, dignity and usefulness of the profession, and of their sincere regard for the memory of the most worthy departed.

Resolved, That these resolutions be published in the papers of the city of Camden, and such of the papers of Philadelphia as the Secretary may deem proper, and that a committee of two be appointed to wait upon the family of the late Dr. Mulford and present an engrossed copy of these resolutions.

REYNELL COATES, M. D., *President*.

D. PARRISH PANCOAST, M. D., *Secretary*.

REPORTS OF DISTRICT SOCIETIES.

BERGEN COUNTY.

To Chairman of Standing Committee, &c.:

The history of medical matters in Bergen County for the past year presents little worthy of special notice. Even the ordinary diseases, incident to climate and season, have almost deserted it.

In December, I treated two cases of puerpural convulsions.

Cases.

The first patient was a young German woman, aged nineteen years, first child, who, her husband informed me, was "already dying after confinement."

On visiting her, I was informed that she had been confined the previous evening (December 2d), after a labor of only a few hours. In one-half hour after her delivery she had a violent convulsion, and up to the time of my visit (December 3d, 4½ P. M.), she had had twenty-three severe convulsions. She was unconscious; face swollen and mottled, tongue badly bitten and protruding from the mouth, upper teeth broken out, surface cold, respiration labored, pulse too rapid to count and feeble, bladder distended with urine, neck and night-

dress covered with blood. I could not get an intelligent history of the case. She was attended through her labor by a midwife, and afterward by a German physician, who could not speak English, and, with an interpreter, could not make out an intelligible case; but, judging from the array of boxes and bottles, he must have run through the Materia Medica, holding in mind the forlorn hope of doing his patient some good. I at once put the poor sufferer under the influence of chloroform, and kept her completely under the influence of the anæsthetic for seven hours, and then discontinued its use. In about twenty minutes the patient awoke perfectly conscious, and gave intelligent answers to questions. I continued in attendance for three hours, and during that time was not able to discover the least convulsive action. I then prescribed one-half drachm of hydrocianic acid, and at 2½ P. M. left my patient in a quiet sleep.

Treatment.—Hydrocyanic acid, bromide of potash.

Mrs. E. B., aged nineteen years, of small frame and feeble constitution, was taken with labor pains with her first child December 16, 1872; labor pains commenced at 10 A. M. and continued quite regularly till 5 P. M. At this time, noticing indications of convulsions, such as turning up of the eyes, contractions of the hands and involuntary twitchings, I sent for chloroform and my forceps, but before either reached me my patient had a convulsion. I used Æther, and as soon as my forceps arrived (6 P. M.) delivered her of a living child, weighing ten pounds. She continued to sleep quietly for three-quarters of an hour, then awoke perfectly conscious. At 9 P. M. she complained of pain in the head, and immediately after had a convulsion. I then put her under the influence of chloroform, and *kept* her under its influence most

of the night. Convulsions not recurring, I left her at 7 A. M. Was recalled at 8½, and informed that my patient had had two convulsions, one immediately following the other. Again used chloroform, and continued the treatment till 2 P. M. Then used hydrocyanic acid and bromide of potash. The patient did not have another convulsion, and recovered without further difficulty.

No reasonable person, I think, can doubt for an instant that chloroform was the means of saving life in the case first narrated. After all other remedies had entirely failed, life nearly extinct, the paroxysms becoming more and more frequent, and hope of saving the patient nearly abandoned, the anæsthetic powers of the chloroform were called into requisition and with absolute and perfect success.

In the second case chloroform was the only remedy used during the convulsive stage, and there is every reason to believe that had the remedy been used during parturition the convulsions would not have occurred.

The urine contained albumen in both cases. Neither case was under treatment before labor.

ROBERT STEWART, *Reporter.*

RUTHERFORD PARK.

DR. HASBROUCK'S COMMUNICATION.

The diseases which have prevailed during the last year, or from April 1, 1872, until this date, so far as my observation extends, have mostly been such as are usually prevalent here and have presented but little in their course or character to call for special notice.

Pleuritis, Pneumonia, and other acute inflammations of the respiratory organs—with the exception of catarrh, perhaps—have been less prevalent than usual during the past winter and present spring; and the same is measurably true of the more chronic forms of pulmonary diseases. My visiting list for the past year, for example, shows a smaller number of cases of Phthisis than usual. I cannot suggest any satisfactory, nor even any plausible, explanation of this fact, but of the fact itself I am quite confident.

The same may also be said of some others of our usual diseases. For example, Dysentery, some twenty to thirty years ago, prevailed endemically, and of a very severe form, in different parts of the county, as regularly as the seasons themselves came round. But for the last five years this disease has almost disappeared. Last autumn I had one case only, in an old lady, eighty-one years of age, which terminated fatally.

In my last annual statement of April 1, 1872, if I recollect aright, I mentioned the fact that Scarlatina had then prevailed to a moderate extent, but almost constantly for upward of eighteen months. Since that time, however, I have not seen a case, and I have heard of only a few isolated cases in the practice of other physicians.

The same is true of Diphtheria and Typhoid fever. Of the former I have had a single mild case myself, and have also seen one other case in consultation. Of the latter disease I have only seen within the last year a single group of four or five cases in the practice of Dr. Haring. These cases presented all the distinguishing symptoms of true Typhoid, including the peculiar eruption; and all occurred in a single family, and under circumstances and hygienic surroundings which would not generally be considered favorable to the development of this disease.

Within the past year, a much larger number of cases of spinal irritation than usual have come under my observation, many of them very severe and very obstinate. These cases were accompanied with a tenderness of the dorsal and cervical spine, violent pains in the back of head, arms and shoulders, more or less constant, but with irregular exacerbations, generally at night. That some of these cases were of malarious origin, is evident from the fact that they yielded most certainly to quinia and iron, or these in combination with arsenic. Dry cupping, leeches and counter-irritation over the tender spine were also of use.

Intermittents and other forms of malarious disease prevailed to a considerable extent, but upon the whole less than in 1870 and 1871.

A number of cases of Acute Rheumatism and also Erysipelas have occurred in my experience.

But the only disease which has prevailed in anything like an epidemic form is a kind of influenza or Acute Catarrh. It differs from ordinary influenza in being attended with less lachrymation and less pulmonary irritation, the force of the attack being mostly spent upon the mucous membrane of the nasal passages, pharynx, and in some cases the larynx. It is what may be called acute epidemic Catarrh. It began to prevail here soon after the subsidence of a similar epidemic among horses, and hence popularly known

as the "Epizootic;" and a few individuals, mostly hostlers, have insisted that they contracted the disease from their own animals. Of course I have seen no evidence of such origin in any case. The disease still continues to prevail to a limited extent. In the treatment of the disease I have mostly depended upon the chlorate of potas. or muriate of ammonia, with diluents, diaphoretics and anodynes, particularly Dover's powder at night. Under this treatment the disease has always got well, but it seems to have a most "*powerful gift of continuance*," and in many cases will linger for weeks.

Notwithstanding the general tendency to the prevalence of variola through the country, and indeed throughout the world, we have been comparatively exempt from this scourge. I have had but a single case during the past year, and only two cases in 1871-2. And I refer to the matter here only to call attention to our want of proper sanitary legislation in the State. Bergen county, from its proximity to New York, and its facilities for communication with that city, is peculiarly exposed to the danger of importing contagious diseases, while in our county, at least, I know of no legal authority by which measures could be taken in emergency to protect the community. This ought not so to be. Whether the fault lies in our State or local authorities, I am not able to say.

BURLINGTON COUNTY.

To Chairman of Standing Committee, &c.:

During the first two months of the medical year, commencing May 1, 1872, Bronchitis, accompanied with much sternal tenderness, nausea and sonorous rhonchus, followed by large crepitation, was the endemic.

An increase of the number of cases was apparently produced by the intemperature of the weather. Deaths from this disease—unless among infants under one year of age, or those in their senescence—were unusual. And with these fatal cases were the sibilant rhonchus and small crepitation. I suspect that one whom I attended died of pulmonary collapse. He was sixty-six years of age. I had attended him a week for Bronchitis, and visited him the preceding day. At 1 A. M., May 28, I was summoned to visit him as quickly as

possible. When I saw him an hour afterward, mortuus erat. His wife stated that he awoke oppressed for breath, coughed, sat in the bed, and, dying, fell backward. His disease, apparently, was of a mild grade and customary type.

Dr. Townsend, of Beverley, writes to the Reporter: "A peculiarity of the early months of 1872, in this district, was almost entire immunity from lung or bronchial troubles."

Dr. Price, of Tuckerton, writes: "There has been no epidemic of a serious nature in this field of practice. A light spread of the Whooping-cough about a year ago, and a pretty general epidemic of Catarrh the past winter, neither of which required much medical treatment, cover the ground of epidemics. He also says, "Rheumatism and Neuralgia have been more prevalent than usual, but of the subacute varieties."

Dr. Sharp, of Medford, writes: "I find absolutely nothing in the shape of epidemic disease, save the Influenza, that prevailed during the latter part of winter, and Measles that went pretty generally through our community since that time. Both these were unattended by any unusual symptoms or sequelæ, and I know of but one death, that from the last-named disease, in a child in whom croup supervened during the progress of apparent recovery."

"Even our endemic and sporadic disorders have been milder than usual during the whole year. It has been remarked (and I think truthfully, so far as my observation goes), that there have been fewer deaths in our community during the last twelve months than for many years before. Almost everything in the shape of disease is associated with, or wholly consists of remittent or intermittent fevers or neurosis. I should think at least ninety per cent. of our strictly medical cases are victims of miasmatic influence."

Dr. Price, per contra, says: "Diseases do not exhibit the usual periodical characteristics here which they do in malarial

districts." He thinks that this is characteristic of salt-water districts.

Dr. Jemison, of Bordentown, writes: "Intermittents in mild form, prevailed to some extent during the whole year, more especially, however, in the fall and spring. In some instances they have not yielded so readily to the anti-periodics, especially in cases of impaired health from other causes. During the past winter and spring we have had more of Pneumonia than usual—most cases successfully treated, excepting in advanced age."

From July 1 to October 1, diseases of the intestines were endemic. Of which Cholera Infantum, the intercurrent diseases of dentition, Cholera Morbus, Diarrhœa, Colitis, and Enteric Fever were the principal; and these diseases are in numerical order, the first having the plurality. Intemperature of the weather was followed by an increased number of Diarrhœa and Colitis among the adults. For these Hope's mixture accomplished the object of the physician.

The highest temperature greatly increased the aforenamed diseases of children, particularly inflammation or irritation of the mucous follicles, popularly termed Summer Complaint. For children sick with these diseases, and others struggling feebly through dentition, whom their mothers were unable to suckle, or whose milk was deficient in quantity or quality, changes in their regimen alone were often sufficient.

An artificial food, containing milk, malt, wheat flour, and a small quantity of bicarbonate of potash—such as Liebig's or Crew's Food for Infants—was found the best. Generally, they answered admirably; and in the exceptional cases, the lac caprinum became a successful analeptic.

Early in the autumn several were sick with the Enteric Fever, the majority of whom were women. One-fourth of the cases were fatal; and with these much jactitation, an un-

milk punch accomplished more than medication in repairing the wasted vital forces. Some of the cases lingered on until midwinter. But now the little village again rejoices in health and prosperity, with nothing to remind them of the frightful scourge but the long medical bills, which are being rapidly liquidated."

Dr. Townsend reports: "Miasmatic fevers were not so prominent as ordinary during the fall months, and yielded readily to treatment."

Dr. Young, of Bordentown, says: "Our usual endemic of intermittent and remittent fevers occurred in the spring to some extent; in the fall these malarial diseases were very much more prevalent." He also says: "We have had cases of scarlet fever, measles, whooping cough, mumps, and three cases of small pox, one of which was confluent and hæmorrhagic."

During the very cold weather of December pneumonia was the general disease, and was seldom fatal. None were bled. Spt. mindereri, decoc. senegae, and counter irritants were principal remedies prescribed. Pleuro-pneumonia was more frequent than pneumo-pleuritis.

Dr. Townsend says: "What few cases of pneumonia came under my notice, I saw in early stages and all yielded readily to veratrum viride—that in my hands proved itself positively master of the situation in the first stage of this disease."

Dr. Young, of Bordentown, says: "Pneumonia has been much more prevalent this winter and spring than usual. Old persons have borne this badly; perhaps more than a majority of such have died. The young and more robust have made good recoveries. In the treatment—verat. viride was mainly relied on in the outset, and in the latter stages, opium, quinine, brandy and blisters. Particular attention was given to the nutrition of these patients. Milk for the most part,

sometimes beef essence, were given at prescribed intervals."

January and February, 1873, scarlatina appeared. Some malignant cases died in less than twenty-four hours from the attack. And if scarlatina, at the same time, had not been in the families to which these children belonged, it would have been difficult to decide the nosonomy. For so virulent was the poison that, before the appearance of the characteristic symptoms of the disease, the system was overwhelmed with it. Only one child in the same family had the malignant form—the others the anginose or simpler. In some malignant cases the poison vented itself on the nervous system, these children were then attacked with convulsions and died comatose. In another malignant form, the children died with involuntary discharges from the bowels. And in the third form the children apparently died from great and sudden prostration. Sometimes on or about the seventh day of the anginose form, diphtheria appeared. The adults all recovered. All the children died. Regarding the treatment of children sick with diphtheria following scarlatina, and of tracheitis following diphtheria, I am in Cimmerian darkness. During March and April, Rubeola was the endemic.

S. C. THORNTON, *Reporter.*

MOORESTOWN, N. J.

CASES BY DR. TOWNSEND.

EFFECTS OF CRIMINAL ABORTION.

One very interesting case lately came under my notice. The patient suffered intensely with pains in the head, back, groins and thighs. A semi-maniacal condition existed at the near approach of the menstrual periods, with fearful tenesmic pains; this condition dating back two years, from the time of a criminal abortion. No catamenial discharge whatever for the past year. I made an examination per vaginam, and found the uterus in normal position, but enlarged to treble its normal size. Os externum patulous, and anterior

lip congested and excoriated. Simpson's sound could not be passed beyond the os internum. I then tried Marion Sim's smallest flexible sound with a like result. I found the canal was entirely closed by what seemed to be ligamentous tissue. I then placed a full-sized sponge tent in the canal. On the next day I removed the tent, and was enabled to pass my finger up to the os internum, but still could not pass a sound. Deeming an operation advisable, I improvised an instrument by cutting off the end of a small male catheter (silver), passed a wire through, sharpening the point thereof, and finally succeeded in passing it into the cavity of the uterus, which operation was followed by an intensely fetid discharge—since which operation I can pass the sound four inches beyond the os externum. I find the case rapidly improving, and the uterus returning to its normal size. Catamenial discharge restored. I mention this case as one more testimony against the criminal abortionists plying their infernal trade by puncturing the substance of the uterus, thus producing metritis and occlusion.

Rheumatism and Gout.

During this fall and winter, I have had three well-marked cases of Inflammatory Rheumatism, and one of Gout of long standing, which I mention only on account of the treatment. They were all treated by the use of Propylamin. chlorid. The rheumatic cases yielding in from three to twelve days, and the gout in ten. I have used this article in Inflammatory Rheumatism for ten years with general success, and have never seen a patient relieved by it have a recurrence of the disease, and but few followed by any chronic symptoms. Neither have I ever found it succeeded by valvular disease or pericarditis.

This was my first attempt at using it in gout. But as my patient had made the tour of Europe and called in the aid of the best surgeons of London, Paris, Rome and Venice, I concluded to make the attempt. The case occurred in September, and there has been no return since, although for seven years previous the patient had not passed a single month without a severe attack. The principal part affected was the stomach. I have had no opportunity of testing it further.

Obstetrics.

In obstetrical practice, I have met with very few difficult or abnormal cases. One case of puerperal convulsions occurred, which was immediately broken by an endermic injection of three drops of Norwood's tincture of

veratrum viride. A plan of treatment I believe original with myself, and reported through you in Transactions of 1870. I hope other practitioners may be induced to avail themselves of this plan of extricating their patients from the most horrible condition that both patient and accoucheur can be placed in. It almost immediately reduces the heart's action, thereby relieving the pressure on the brain, relaxes the system, and promotes dilatation of the os, which of course facilitates the delivery.

Uterine Treatment.

Of cases calling for uterine treatment, I have had an unusually large number, and feel inclined to insist upon less, rather than more, treatment than is fashionable in these cases.

So far as I can follow the teachings of experience, I have been led to discard nitrate of silver, chromic acid, potassa fusa, etc., and adopt carbolic acid and astringents.

Ruptured Uterus.

Read before the District Medical Society for the County of Burlington, April 7th, 1873,

By Samuel C. Thornton, M. D., of Moorestown, Burlington Co., N. J.

A table showing the comparative number of some of the difficulties and irregularities that occurred in the Eastern District of the Royal Maternity Charity of London, during a period of eight years, shows that there were nineteen thousand, four hundred and thirty obstetric cases of these kinds.

Of this number, five were of ruptured uterus and vagina, or one to about four thousand.

At another period, at the same place, out of thirty-five thousand, seven hundred and forty-three deliveries of all kinds, nine were accompanied with ruptured uterus or vagina. The same relative proportion holds in this as in the preceding one. All the aforementioned cases of rupture were fatal.

In two years there were fifty-two hundred and forty-two deliveries, and four cases of ruptured uterus and vagina. Seven thousand, eight hundred and seventy-eight deliveries in the next three years, and no case of ruptured uterus and vagina.

But in eight years, the average number of cases of ruptured uterus and vagina was, as before stated, one to four thousand.

Moreau states: "Being sent for to see a woman who had been in labor for twenty-four hours, we found her in a frightful condition, with tympanitic abdomen, frequent pulse and hurried respiration. The thighs of the child had been fractured, its extraction being impossible, as we were told, on account of the umbilical cord being between the limbs. After having ascertained that this pretended cord was only a loop of small intestine, we proceeded to the delivery, which was soon followed by death. It is probable that, in applying the forceps, the cul de sac of the vagina had been ruptured, and the fœtus had passed partly or wholly into the abdomen, and that in bringing down the fœtus, a loop of intestine had been permitted to slip between the lower extremities."

I have quoted this case from Moreau's large work, "Practical Midwifery." Although he does not state the cord appeared externally, this is the only case I have found, in the various works on obstetrics, that at all approximates the unfortunate one I attended.

"During labor," Dewees says, "the uterus every now then is ruptured; and perhaps, even oftener than at present we dare assert. Sometimes this accident is concealed, from ignorance, and, at others from design; hence, many cases must occur of which the profession remains uninformed. Nothing can justify the concealment of this event—though we promise ourselves but little by the avowal; but it is a duty we owe the connections of the unfortunate woman, as well as the profession itself. Concealment often arises from a previously adopted theory upon this subject, and the supposed risk of professional reputation; than which nothing can be more disingenuous or hypothetical. I would, in one word, recommend in all such cases, its most speedy avowal to those immediately concerned in the event; and must declare I should declare the conduct as highly derogatory to the honorable feelings which every medical practitioner should possess, as well as doing serious injury to the advancement of obstetrical knowledge."

1873, February 28, 10 P. M., Thomas Hare, of Fairview, four miles from Moorestown, requested me to attend his wife in parturition. Each of her nine parturitions had been of short duration, and the next to the last one was over before she had time to obtain the assistance of a female neighbor. Believing that this, her last one, would be as quickly and safely finished as the rest, the fatigued state of myself and horses, and the condition of the road, all induced me to decline going. I advised him to get a neighboring midwife; or, if he must have a physician to get one, of whom there is no scarcity.

March 1st, at 4½ A. M., he came again, and to gratify his importunate request I visited her, arriving at his house at 5½ A. M.

Two German midwives were in attendance all night.

The parturient was healthy and forty years old.

The forenoon of the 28th she spent in riding. In the evening labor commenced. A German, the principal executioner, plying his vocation under the colors of the mountebank Hahnemann, had been brought from Delanco, which is three miles from Fairview, and seven from Moorestown. After three hours of worse than useless efforts, he was requested to desist, and await my arrival. The reasons he gave for not being willing to wait were both absurd and false. e. g. It was illegal for him to practice in another township; the obligation he would be under of paying me ten dollarst; and the necessity for instrumental interference—the instruments for which he did not have, &c. The true reasons, however, are easily surmised. And he made his exit; but unfortunately for others, not into the "last scene of all, that ends this strange eventful history." Galanthis had not been here, for I soon found that the evil genius Lucina sat before her door.

The left arm blue and cold, a fold of the cord as long, and both as far below the vulva as the impacted shoulder would permit, demonstrated what was the accoucheur's duty. In this condition the Delanco tragedian, with infinitessimal ideas, found her and left her; and he too was in his Sixth Age —as Jacques in his reply to the Senior Duke has it. A quart or more of blood lay between her thighs, and around the child's feet in utero, it was also coagulated. This induced the more haste for version, for I at first suspected the placenta was detached.

As she had no pain, I at once gave a fluid dram of ext. sec. cor., and immediately commenced version. Contrary to my experience in such cases, the version was easily made, and the delivery quickly accomplished. As the child was dead, and the mother still without pain, I left the child's face lying in the hollow of the sacrum, to await contraction of the uterus. In causing this contraction I failed. The child's body was carried over the mother's belly to make the face sweep the sacrum. The child was large and well formed. The placenta was removed by slight traction. And now comes the memorable and sickening scene.

Immediately following the placenta, came down detached from the mesentery several feet of her ileum! Shocked and confounded, I was at once reminded of the atrocious eviscerations of the human subject practiced by Herophilus and Erasistratus, and of the persecutions of the Middle Ages. Certainly nothing in history since the 15th Century have I read equal to it.

The vagina was untorn; but the uterus was rent like the veil of the Jewish Temple. Commencing near the neck on the right side, the fissure extended as far as the top of the womb—but not on the left side, where the child's feet lay. At the fundus, the distance between the edges was equal to the width of the first three fingers of my right hand when in apposition, two and a half inches.

I could not make the intestine remain above the uterus; it would relapse into the uterus, and remain protruding from the vagina and lying on the bed. As I suspected, no enthanasy was in store for her, an opiate was given; and herself and family informed of the exact nature of the horrible case, and the certainty of approaching death. At 6½ A. M., one hour from the time of my arrival, I left. When I saw her at first she was pale, nothing else in her countenance was peculiar. Her pulse was but slightly affected. And the only pain was during the prolapsus of the ileum—at this time she complained of a "terrible cramp in the stomach."

2 P. M., I saw the case with Doctor Stroud. More folds of the intestine were prolapsed. She complains of pains in the upper parts of her thorax; and has a stoicalness equal to that of the youth who tamely submitted to disemboweling by another genus of less specious form. Another examination of the uterus, found no change in its walls, which were an inch, I suppose, in thickness, and the breach of the same width as before stated.

March 2. 2 P. M. The contents of the stomach are ejected with the "coffee-ground matter." Pulse more frequent than heretofore. The protruding intestine is black, apparently inflated to its utmost, and of offensive odor. These large coils, lying between the thighs of the living subject to whom they belonged, presented the most repulsive object I have witnessed. But, as she lay in bed, no one would suspect, from her symptoms, or *tout ensemble*, that such a horrible condition was hers.

March 3. Intestine sloughed off. Woman sinking, and died at 3 P. M. Neither money nor moral suasion could induce an autopsy. The antemortem examination was the more thorough, for fear the post-mortem would not be allowed.

Ramsbotham states that if an extensive rent be formed at once, the probability is that labor-pains will be instantly suspended. The women assured me her travail had been very hard while the charlatan from Delanco was with her; and at 3 A. M., during a severe uterine contraction, one of them "heard the womb rip," of this she was positive. Be that as it may, from that time the pains ceased. The parturient could not tell when it occurred.

Dewees and Moreau say this accident cannot be predicted; it can be

known at the moment of its taking place, by a crepitus perceptible to the woman, and sometimes loud enough to be heard by the assistants. Ramsbotham was never present when a rupture occurred, and therefore he cannot testify to its audibleness.

That the uterus would have ripped, even had she been properly attended, is by no means as probable as that it bursted because she was not properly attended.

Agreeable indeed would be the professional life of a physician, could he always make literally true, the aphoristic phrase of Asclepiades, the renowned physician and orator, viz: "Officium esse medici, ut tuto, ut celeriter, ut jucunde curet." Unfortunately, the contrary is true, and the practitioner of medicine assumes a profession of fearful responsibility, care, and labor; and for the responsibity and labor thus assumed and imposed, his compensation is generally too little to be proportionate to the services he renders.

Particularly is this true of one practicing in the country; for he must necessarily combine the practice of surgery, obstetrics, medicine, pharmacy, and occasionally somewhat of dentistry. But worse than all, the ignorant and designing quack is often in public estimation, and by law, the peer of our learned brethren. The highwayman openly gives his victim the alternative of life or money; the charlatan deliberately and systematically, through his culpable ignorance and fatal deception, often takes both.

Fourteen hundred years ago, in his law, Hippocrates compared uneducated physicians to tragedians. "Such persons are like the figures which are introduced in tragedies; for, as they have the shape and dress, and personal appearance of actors, so also physicians are many in title but very few in reality."

Case of Placenta Privia.

BY D. B. VANSLYKE.

About 11 o'clock P. M., February 9, 1873, I was called to see Mrs. S., an American, about thirty-five years of age, of cachectic habit, with indolent ulcer on one of her legs, of many years' standing. I found her suffering intense uterine pain, and from the powerful expulsive effort she was making, I should have supposed her in the last stage of labor. There was present most distressing nausea and vomiting, the least thing taken into the stomach being instantly rejected; and if denied cold water, for which she was clamorous, the retching still continued. On examination, I found no progress

whatever had been made; the os uteri being so firmly closed that I could not introduce even the end of my finger.

I noticed in the woman's breath a strong odor of spirits, and as she did not consider herself within two weeks of her time, and her former labors—this being the fourth—having been normal, rapid and easy, I attributed her present condition to over stimulation. However, to be sure, I prescribed ox-cerii., grs. iii., morphiæ acetatis, gr. 1-12, to allay nausea, and waited half an hour. At the end of that time the pain and retching continuing unabated, the former recurring as often as every three or four minutes, and the os uteri showing no disposition to yield, I gave a sub-cutaneous injection of ¼ gr. of morphia sulph., which soon quieted the pain, so that before I left the patient was sleeping quietly. There had been no hemorrhage during the pregnancy, nor was there up to 12 o'clock M., when I left for home, feeling no uneasiness about the case, as I could make out, through the uterine walls, a vertex presentation, and felt sure normal labor would come on in due time.

At 5½ o'clock in the morning, I was sent for again, and a few minutes before six I was at the bedside of the paitent. I found that the effects of the morphia had lasted but a short time, that the pain and retching had returned, and been as constant and severe as before.

Examination revealed the os uteri dilated to about the size of a silver dollar, rather rigid, but apparently dilatable, and membranes ruptured. There was considerable hemorrhage, but not enough to excite alarm, had not the cause been only too apparent—one edge of the placenta fairly overlapping the os. The pains were only moderate—had lost their spasmodic character, and were four or five minutes apart. I was considering what course to pursue—whether to plug the vagina, and await events for awhile, or proceed at once to forcible dilation, when the recurrence of pain brought a great gush of blood, and determined me at once to take the latter course—dilate the os as rapidly as possible; and as soon as I could introduce my hand into the uterus, turn and deliver.

Comprehending fully the imminent peril my patient was in, I sent a messenger to Dr. J. H. Pugh to come as soon as possible to my assistance. I introduced my entire hand into the vagina, but with the first effort to dilate there came such an alarming flow of blood, that I determined to detach the placenta, in the hopes of checking it, and gaining a little time. I did so as quickly as possible—still continuing my effort at dilation—the os slowly yielding, but not yet sufficiently to allow the passage of my hand. By this time the bed was deluged with blood, and a stream running upon the floor.

At this moment Dr. Pugh arrived, and I relinquished my place to him. After about ten minutes' effort, he succeeded in passing the os, and very soon had turned and delivered the body of the child, but was obliged to resort to the forceps to deliver the head, which required several minutes, on account of the unyielding condition of the os. All this time the patient was on the verge of syncope, and taking stimulants constantly, and when delivery was effected, we saw at a glance that she was moribund. In five minutes more she breathed her last—scarcely an hour and a quarter from the time I entered the room.

It is especially noticeable in this case, that there were no premonitory symptoms of placenta previa, and that flooding came on so rapidly as to leave no time for ordinary means of arresting it; and in reviewing all the circumstances of the case, I am unable to see how the treatment could have been varied so as to have increased, in any way, the chances of a more favorable result. The only point about which there could be any difference of opinion, is the propriety of detaching the placenta, and I believe the procedure is justified by the highest authorities. Still, I should not myself think it good practice, except in cases of imminent danger, like the one before us. Were the hemorrhage slow, so that plugging and ergot could be used, or the os so dilatable that turning could be rapidly effected, detachment of the placenta would, I think, be indispensable.

A physician may not meet a case so terrible and appalling as the above in a life-time; yet we should have such possibilities ever before us, that no chance of saving life may ever be lost by delay or indecision. It is because of the profound impression of this feeling upon myself, that I have given this case, in the hope of impressing others, in some degree, with the same sentiment.

CAMDEN COUNTY.

To Chairman of the Standing Committee, &c.:

The general health of the inhabitants of Camden county has been above the average of the past few years. The diseases of the different seasons have presented nothing of particular interest, and in no part of the county have we had what is called a sickly season.

In the report of last year, mention was made of the close of

an epidemic of small-pox of great severity, and in some localities of peculiar fatality. On the approach of warm weather this loathsome disease almost entirely disappeared. The health Reports of the city of Camden show but one or two deaths from this disease, for the year ending May 1st, 1873, whereas in the previous twelve months there were reported nearly one hundred deaths from this source alone, showing conclusively that the epidemic has entirely died out; the few cases that were reported at the health office were among those who had contracted the disease at some other locality. So far as my own individual experience has extended, we have this disease prevailing in our community in an increased degree about once in seven or eight years; but the epidemic of last year was the most severe that has occurred here for many years.

The summer of 1872 was remarkable for its high temperature and long continuance; the hot weather extending until near the end of September, without, however, any protracted drought, the earth being refreshed with occasional showers. During the hot weather, diseases of the alimentary canal were quite prevalent, especially among the children in the city of Camden, who lived in crowded and ill-ventilated apartments. The experience of the last few years in our large cities, conclusively establishes the fact that bad air in an equal degree with improper food is one of the principal causes of the great mortality among children, and that by proper sanitary and hygienic regulations the mortality from this source can be very much diminished. In many cases of cholera infantum, the prompt removal of the patient to a cooler and healthier atmosphere, had alone, almost without any medication whatever, been followed by an almost complete restoration in health. With regard to the treatment of cholera infantum in our own experience, small doses of sub-nitrate of

bismuth in combination with pepsine has seemed to answer, in many cases, better than the treatment by means of opiates and vegetable astringents, on account of the latter producing in some cases, cerebral complications, an unfavorable complication in this form of infantile disease. Mercurials in the form of calomel or hydragyrum cum. creta can also be used with much advantage, especially in cases of great irritability of the stomach. Some practitioners of high authority in the profession, have of late years almost entirely discarded the use of mercurials in most of the diseases of children; but certainly in our somewhat malarial region they often answer a very useful purpose, and cannot be safely dispensed with in many of our summer and autumnal diseases, whose hepatic disturbances are so frequently met with.

Dysentery, which in former years was a very common disease in summer and autumn, has of late very much diminished; it was often associated with our fall fevers, especially bilious and remittent fevers, and these last two forms of fevers have very much diminished, owing we think to our improved sanitary condition; the enhanced value of land near our large cities has caused many acres of low, swampy land to be reclaimed and rendered fit for cultivatiou, thus removing one fruitful source of malaria, which caused our autumnal fevers and other diseases of similar origin. Intermittent and remittent fevers, which were considered a few years ago as the necessary consequence of our geographical situation, have of late years very much diminished, owing, as we have stated in previous reports, to our improved system of underground drainage, which is being extended year by year over our entire city limits, with manifest and permanent benefit to the health of our citizens.

In striking contrast to this general improvement in our sanitary condition, may be mentioned one part of the Seventh

Ward, that has been but recently annexed to the city. Here a pond of water has been allowed to stand year after year, and, owing to the increase of our city in that direction, has now been surrounded by dwelling-houses, occupied by the the poorer portion of our population. Here Intermittent and Remittent Fevers prevail almost universally, from July until late in November. Quinine and other anti-periodic remedies will stop the disease, but as the cause is still acting, it will return again and again, until the cold weather removes the source of the disease.

Dr. I. W. Snowden, of Waterford, reports, that during the last summer and autumn Intermittents were quite common in his neighborhood. He also reports Cholera Infantum and Dysentery were quite frequent; the latter showing a remarkable tendency to return, and relapses were quite common. May not this tendency to return be owing in a measure to the same cause that produced the Intermittent Fever, namely, Malaria? This was the case in this vicinity a few years ago, when Dysentery was very often associated with Intermittent Fever, and when quinine, in combination with mercurials and opium, was the great and successful remedy.

Typhoid Fever, commencing as such from the beginning, has occurred to a limited extent during the entire year, being seen as often in midwinter and spring, as during the hot weather. In some cases our ordinary intermittents and remittents, if neglected or improperly treated, would sometimes run into a low form of disease, especially when complicated with local inflammations; but these latter cases we consider as different from the true typhoid fever, which shows its characteristic features, as petechiæ sudamina and diarrhœa, with intellectual dullness at a very early period of the disease. It cannot be cut short by quinine or any other anti-periodic remedies, and sometimes terminates fatally when convalescence seems

to be fairly established, by sudden perforation of the bowels, causing acute peritonitis. Without this sudden unfavorable termination of the disease, typhoid fever is not a fatal form of disease.

We may here, in considering the diseases of autumn, make mention of the remarkable epidemic among horses which, for want of a better name, was universally called "Epizooty." Commencing in Canada in the early part of October, it spread rapidly southward, and reached here the last of that month, and prevailed almost universally among the equine race. So far as its local symptoms were concerned, it was a disease primarily of the mucous membrane of the nose, larynx, trachea and bronchial mucous membrane—in fatal cases ending in Pneumonia.

During the latter autumn and early winter Influenza prevailed to a very large degree, both among adults and children, and following so soon after the horse disease, and being similar to it in its nasal and catarrhal symptoms, many persons were fully convinced that they also suffered from the Epizooty; but it was, in fact, only the influenza, such as we see it occasionally every few years. It was a disease easily managed, and was only fatal in very old persons, whose vital powers were very much enfeebled, or in very young children.

When winter fairly commenced, which was early in December, Bronchitis and Pneumonia were frequently met with. Unless the Pneumonia assumed a typhoid character, it was not generally fatal; but Typhoid Pneumonia was always a serious disease, mostly terminating unfavorably.

As a rule, the treatment of Pneumonia by general bleeding from the arm, once thought to be essential, seems now to be generally abandoned; although local depletion by cups, followed by blisters, is very often used with great advantage, while stimulants and a generous diet are used internally.

Scarlatina has prevailed more or less throughout the entire year, but in a comparatively mild form. Cases of Malignant Scarlet Fever have been rarely met with.

During the winter and spring months, Measles and Mumps have been very prevalent in Camden—to such an extent as very seriously to diminish the number of pupils in attendance on the public schools. These diseases have, as a general rule, been of a mild character, requiring but little active treatment —only careful nursing and due prevention of taking cold.

Diphtheria has been met with more or less during the whole year, but not as an epidemic. The fatal cases were, for the most part, from an extension of the local disease in the throat into the larynx and trachea, the patient dying with the symptoms of Membranous Croup.

A few cases of Cerebro-Spinal Meningitis have been reported during the year. The fatal cases being mostly among adults, whose life has terminated very suddenly and unexpectedly by convulsions.

Altogether, in summing up the sanitary condition of our county during the past year, we can safely say, that the general health has been above the average of previous years. Our ordinary diseases have, for the most part, been mild, and yielding readily to appropriate treatment. Some few cases of remarkable interest have been brought to the notice of your Reporter.

Dr. I. W. Snowden reports a case of deficient abdominal walls at the umbilicus at birth in an infant. There was a hernial tumor four inches in diameter, protruding three inches beyond the abdomen, the cord was attached to the centre of the tumor and the latter was covered by a reflexion of the tissue covering the funis. The intestines could be seen distinctly through the tissue; the true skin gradually formed in isolated spots, which coalesced and covered the tumor in about three months.

A remarkable case of ovarian tumor in a young girl only 16 years of age, came under the notice of your reporter which it may be of interest to mention.

Case of Ovarian Tumor.

The patient suffered from a severe attack of scarlet fever in the winter of 1871; having previously been in good health. She had menstruated but twice previously to the attack of scarlet fever, which was of the anginose form, and not of unusual severity; she had recovered sufficiently to go out of the house; in March, 1871, she first noticed an enlargement of the abdomen; her general health was good, and all the functions regular with the exception of the catamenia; but as these were deficient there were suspicions of pregnancy, without, however, any special reasons for supposing such to be the case. I first saw her in the month of May, 1871, at which time the enlargement of the abdomen was evident to the eye; on examining the abdomen a hard tumor was felt rather to the right of the median line; it was not at all painful. Refusing to submit to a vaginal examination, the diagnosis had to be made without that aid; she was put upon the use of iodide of iron, and quinine, with some benefit to her general health, but without any diminution in the size of the tumor, or appearance of the catamenia; after a while there was œdematous swelling of the feet and ankles, with indistinct fluctuation in the cavity of the abdomen; but not in the tumor itself, which remained hard and unyielding.

The diagnosis of ovarian tumor with abdominal dropsy was now evident; she was put upon the use of elaterium, and a decoction of Irish brome, one ounce to a pint; this she took daily, as I had found it of benefit in similar cases; this treatment soon reduced the swelling in the feet and ankles,

and also the size of the abdomen, which by actual measurement was several inches less in diameter than before this treatment was commenced; the tumor itself could be still felt, hard, unyielding and still rather increasing in size; her general health was, however, very much improved, and she was able to walk considerable distances without much inconvenience, except from the weight of the tumor itself. At this time I left home for the summer, and did not see her for more than two months. Towards the end of the year she complained very much of the increased size and weight of the tumor, and it was evident that diuretics or cathartics would not remove the fluid from the sack. In consultation, it was decided to remove the fluid by tapping the abdomen in the line of the linea alba, which was performed by Dr. Schenck, when sixteen quarts of a dense ropy fluid was drawn off, which by the aid of heat and nitric acid was found loaded with albumen. She experienced great relief from the operation; but in the course of a month she was nearly as large as ever. She was tapped again in March, and in June, with like temporary benefit; but as the benefit was only temporary, Dr. D. Hays Agnew, of Philadelphia, saw her and advised the removal of the tumor by ovariotomy; but as he was about leaving for a short tour in Europe, it was agreed to defer the operation until colder weather, when he would be back again.

She was tapped again for the fourth time in the early part of September, this time a little to the right of the linea alba; but only about five or six pints of fluid could be obtained. The last operation was followed by great prostration, from which she never fairly rallied, and died on the 17th of September.

The autopsy made thirty hours after death, showed an enormous tumor springing from the right ovary, to which it was attached by a narrow pedicle; the adhesions to the ab-

dominal walls were only slight and were easily broken up by the handle of the knife, so that the tumor could have been removed without any great difficulty; its weight was, with the contained fluid, 63 pounds; the sack was divided into several compartments of different sizes, and with fluid of different degrees of consistency and density.

Case of Hornet Sting.

A case of nearly fatal results from the sting of the hornet came under the care of your reporter last summer. A lady with a sun-bonnet on her head, was gathering roses from a bush under a pear tree upon which, unknown to her, was a large hornet's nest. She was stung six times on the crown of the head, through the bonnet, and four times on the back of the neck; she suffered severely at the time from the stings, and when I saw her, about an hour afterwards, she was in a cold, collapsed state, with a small, thready, almost imperceptible pulse, with cold, clammy skin, complaining of great prostration, with a slight delirium and wandering in her mind. Dilute aqua ammonia was at once applied over the parts that were stung, which soon gave great relief to the local pain; she at the same time took internally aromatic spirit of ammonia with brandy and whisky; in a short time she rallied considerably, but complained of great headache and restlessness. She then took 10 grains of lupulin every hour for two or three hours, when she went to sleep, but was awakened by an intolerable itching over the whole body, which was covered with a bright red eruption, which continued about thirty-six hours, after which she gradually regained her usual health.

A case somewhat similar occurred here a number of years ago, where a lady in attempting to replace a hive of common bees which had been accidently overturned, was attacked by

a large number of the bees; here there was great swelling of the face which was the part chiefly stung, with obstinate and severe vomiting which lasted for two or three days.

Dr. Alex. Marcy reports a very interesting case of

OBSTRUCTION OF THE GALL DUCT,

which lasted for nearly eighteen months. A lady was taken with a severe pain in the right hypochondriac region shortly after coming out of the water at Cape May, 1871. The pain, which was very severe, was relieved by the hypodermic injection of sulphate of morphine. She soon became jaundiced over the whole body, which remained persistent. She suffered with attacks of severe pain generally every two weeks, often accompanied with severe vomiting; the attacks of pain after a time occurred almost weekly; in February, 1873, after an attack of pain of unusual severity lasting for twenty-four hours, she was suddenly relieved, and in two days a large rough gall stone weighing 7½ grains, and one quarter of an inch in diameter, was passed by stool; in a few days the jaundice entirely disappeared, and she has remained in excellent health ever since. Upon examination, the gall stone was found to be composed of pure cholesterine, rough on its exterior surface, but clear and bright internally. With regard to the treatment, she was put upon the use of quinine in large doses, with a view of breaking up the periodicity of the pains, but without any benefit; she also was put upon the use of mercurials, with a view of increasing the flow of bile and thus forcing the stone out of the duct by, as it were, a *vis a tergo* force; she also was blistered over the seat of pain, which was done just before the passing of the stone through the duct into the intestine.

Since our last annual meeting we have lost by death, Dr. Isaac S. Mulford, of Camden, the oldest practitioner of medicine in our county. Dr. Mulford was engaged in the practice of medicine in Camden for more than 50 years, and enjoyed the respect and the confidence of the community in which he lived, in a high degree.

He was taken sick with an attack of inflammation of the mouth and fauces, which gradually extended into the larynx and trachea, and while suffering from this sickness he was seized with an attack of angina pectoris, to which he had been occasionally subject, and died February 17th, 1873, in the 73d year of his age.

Dr. Mulford has been a member of our District Society ever since its first formation.

A biographical notice of Dr. Mulford has been prepared by his family physician, Dr. H. G. Taylor, which is appended to this report.

RICHARD M. COOPER, M. D., *Reporter.*

CAMDEN, May 8th, 1873.

CAPE MAY COUNTY.

REPORT BY VIRGIL M. D. MARCY, M. D.

To Chairman of Standing Committee, &c.:

There has been about the usual average of sickness, both as to kind and quality, with one exception. Intermittents, as last year—though so prevalent a year or two ago—are rather infrequent. In this southern part of the county we have had almost none of the ordinary winter diseases. I am informed by Dr. Randolph Marshall, of Tuckahoe, that there have been quite a number of cases of Pneumonia and Pleuro-Pneumonia in that part of the county. He reports his cases as

having all recovered, upon treatment adopted; verat. viride entering into it as a prominent remedy.

I have heard of some little Scarlatina, but nothing like an epidemic, so far as I know. The only epidemic of any extent has been one of Measles, in the lower part of the county, and this, remarkable for nothing except its extent, or rather *completeness* and mildness, so far as the primary attack is concerned. We had not had a regular epidemic of measles for many years, consequently many had reached maturity, married, and had families of their own, and were unprotected. The epidemic began in October, and is only just now dying out. I have seen families of six and seven all prostrated by it together, parents and children. In one instance, a mother and five children all down at one time and all in one bed. All came through safely. Old and young alike, from the infant of two weeks to the old man of sixty-five years, succumbed. It will be many years before there will be material enough in the place to get up a respectable epidemic of this disease. Very little treatment was required during the primary attack. The sequelæ were frequent, and in many cases severe, but not fatal. I suppose there must have been, first and last, about eight hundred cases of the disease, and I think that eight to ten would cover the entire mortality arising therefrom. What a beautiful chance to test the power of the hypo-sulphites, says some one. In a few of the more severe cases the hypo-sulphite of soda was used freely, but, much to my disappointment, with no visible effect. I could see neither a mitigation of symptoms, nor diminution of the length of attack, and at last abandoned it altogether.

There has been one other disease, or rather set of diseases, more common with us during the last year, and part of the year before. I refer to disturbances of *heart action.* I think I have seen during the last year and a part of the year before,

more cases of "heart disease" than for twenty or more years past, all put together. I have sought in vain for the cause. It mainly puts on the form of "irritable heart." For the most part easily quieted down by rest and tinct. digitalis, with martial tonics, etc. Old cases of organic disease, that have remained stationery for years, have flared up with this new action, and persons who never had any affection of the heart, have been subjects of attack. None have been fatal.

Diphtheria still remains with us, but only as endemic, and mostly in its modified form, and very amenable to treatment.

CUMBERLAND COUNTY.

To Chairman of the Standing Committee, &c.:

I have to report that the District Medical Society, of Cumberland County, continues in a flourishing condition. Additions were made to the roll at the last two meetings, of new members from the adjoining counties of Salem and Cape May; no medical organization existing in those counties. Our semi-annual meetings are seasons of pleasant social intercourse, promotive of fraternal feeling among our membership.

The medical history of the county probably, with some exceptions, differs little from that of former years. Each season brought with it the usual amount and variety of disease.

The summer of 1872 was remarkable for its intense and continuous heat, which extended late into autumn and was not relieved even by the ordinary amount of rain-storms and thunder-gusts.

The general health of the county was good, notwithstanding this long term of extreme heat and dryness, except with children under two years of age.

Infantile cholera frequently occurred. Many cases in the city resisted the use of ordinary remedies and seemed to require removal to a cooler atmosphere. A single days residence at the seaside or country place would produce a manifest change and show the importance of those hygienic and sanitary measures so generally disregarded. Pure air and wholesome food often accomplish more than drugs, especially when used without the former.

Intermittent fever with its three distinct stages of a chill, followed by a fever and ending with a profuse perspiration is rare in this district.

Remittent and bilious fevers frequently occur. Dysentery is unusual.

An irregular intermittent is frequently recognised, in which the chill is barely, if at all, perceptible and the fever is followed by a slight perspiration.

Many other forms of disease assume the periodic character. Particularly often do neuralgias and rheumatism show marked periods of amendment and of apparent aggravation. Successful treatment rarely follows without the use of quinia.

The past winter has been remarkable for its protracted severity. The excessive variation in the temperature produced a large amount of disease of the respiratory organs.

Pneumonia and pleurisy were prevalent. The latter, however, was rarely met with by itself, but usually combined with the pneumonic inflammation.

Pneumonia was very fatal among elderly persons and in those with the powers of life depressed from any cause. It appeared in many cases of an asthenic type, which rendered it necessary to maintain the strength with suitable nourishment while meeting the symptoms with the appropriate remedies.

Venesection is seldom practiced in this district. Verat.

virid. subdues the excited, bounding pulse without the exhaustion that is so apt to result from the loss of blood.

We think it best not to commence at a too early period with the use of alchoholic stimulants. Good diet alone is best for a time, while the assistance of the spirits comes in at a later stage with the happiest results.

Scarlatina, so often met with in an epidemic form, occurred only in a few instances sporadically and was amenable to treatment. Dr. Potter reports that he was especially pleased with the use of chlorate of potassa in the sore throat of scarlet fever. It removed nicely the ulceration from the tonsils and adjacent parts, and relieved the congestion.

An exception to the usual absence of epidemics was the prevalence of *rubeola* during the winter and spring. It extended throughout the city limits and was severe in its symptoms. The bronchia were in many cases much affected. Diarrhœa was a usual complication and sometimes persistent in character. The measles were especially severe among adults and in married women; among children they were mild and easily managed when proper care was exercised to protect the child from the vicissitudes of the weather during the forming stage, but when the patients were exposed to cold or dampness, complications were very apt to result.

Dr. Stathem reported thirty cases of typhoid fever in the vicinity of Greenwich, which yielded well to the ordinary remedies. The disease proved to be of a more severe character in Dr. Bateman's practice at Cedarville. He met with a large number of cases among children between nine and eleven years of age. One case of a bright little girl resulted fatally from the uncontrollable diarrhœa, and in another, hæmorrhage from the bowels carried off the little sufferer. Two of Dr. Bateman's cases terminated in enlargement and suppuration of the parotid gland.

An exanthematous disease, the epidemic roseola, accompanied with anginose and bronchial symptoms has been usual with us. Considerable inflammation of the fauces was observed, which often extended to the submaxillary glands with tumefaction of the adjacent cellular tissue. Indeed, the symptoms would, at times, so simulate scarlet fever and measles, that parents were frequently induced to enquire if it might not be one or the other, as the anginose or bronchial symptoms predominated.

Coincident with and following the equine epizootic which swept over the country so generally last autumn, was an influenza among the human species, the result doubtless of an equally epidemic influence of the same or a very similar nature. It affected all ages, from the nursing infant to the old men and women, and included the robust equally with the weak, attacking several or all the members of the household in turn. Its symptoms varied. The disease usually commenced with coryza. Inflammation extended often to the frontal and maxillary sinuses and to the conjunctiva. Frontal headache with a feeling of tightness across the forehead was prominently noticed. The constitutional symptoms were marked. The patient would feel chilly and feverish alternately; sudden prostration of strength from the outset was one of the most remarkable phenomena and was accompanied with as equally depressed spirits. The local phenomena were strongly marked; the laryngeal implication with hoarseness, a watery discharge from the eyes, swelling of the submaxillary glands and pain or rather a feeling of soreness throughout the body, particularly in the limbs and back. Pain was most severely felt in the back of the neck; ear-ache was an ordinary complaint among the younger patients, and was followed by a discharge from one or both ears. The mucous membrane of the respiratory apparatus received the force of

the disease. The gastric and intestinal lining was sometimes involved, resulting in a failure of the appetite, with nausea and perhaps diarrhœa.

One of our prominent citizens died recently from cancer of the pylorius. A peculiar feature of the case was that no vomiting occurred during any stage of its progress, for which reason Dr. Wm. Elmer was inclined at first to locate it at a lower point, probably among the mesenteric glands. There was constipation with flatulence and most severe pain. No pain whatever was endured throughout the season of peaches, of which fruit the patient always ate heartily.

A singular case of

MONSTROSITY

occurred in our vicinity. A Mrs. G. was delivered of a male child in November, 1871. It was discovered to have a hare-lip, and upon further examination a cleft palate was found to completely open into one of the buccal and nasal cavities. This pitiable object was unable to nurse and survived only two or three months. The mother was again recently confined and the same deformities were found to exist in this child, only in a worse degree. The hare-lip was double, while the portion of the lip between the two fissures extended out to and depended from the point of the nose. At last account it was doing well, but it seems desirable rather that it might succeed to the fate of its predecessor.

Dr. Wm. Elmer reported a case of

CONGENITAL CHIGNON.

A veritable chignon, of proper shape and in proper position. The wearer fortunately died in a few days after birth. A post-mortem examination proved it a sack proceeding from a

foramen below the occipital bone, lined with the brain membranes and filled with a gelatinous fluid.

Dr. H. W. Elmer strongly recommends the hypodermic use of atropia in sprains, and severe local pains generally.

A case of severe burn is reported in full by Dr. Tomlinson, of Roadstown.

T. J. SMITH, *Reporter.*

Case of Burn, by Dr. Tomlinson.

On the evening of the 7th of December, 1872, a young lady aged about twenty years, daughter of W. T—., who by some mishap in the midst of an evening party, upset two lamps of kerosene, the contents of one being spilled upon her in a blazing condition, and burning her almost literally from head to foot. The first thought of her friends was to get her in a recumbent position as soon as possible, and cover her with the carpet which was on the floor. The carpet being tacked down, and a number of persons standing upon it, probably some minutes elapsed before they could accomplish the object, in the meanwhile, however, doing something by risking their own hands in handling the burning clothes. The fire was smothered, however, as speedily as could well be done under the circumstances. Fortunately the face and front part of the body escaped. The back of the neck and shoulders were extensively, though not deeply burned. The left arm, from shoulder to elbow, was deeply burned. The lower extremities were badly burned. The left one, from hip to knee, full half the surface and very deep, and almost the entire surface from knee to foot, also deep. The nervous system was considerably excited, accompanied with some prostration of the circulation.

I immediately administered morphia to quiet the nervous system, and aromatic spirit of ammonia to rally the vital powers.

My principal dressing at first was the common liniment of lime water and olive oil, finishing up with glycerine ointment, as my supply of the former fell short and could not be readily obtained.

The case required very careful attention subsequently, and treatment varied according to circumstances. In the main, however, a tonic and supporting treatment was required as there was a great deal of sloughing; an enormous quantity of pus discharged.

The tonics consisted chiefly of quinine, salacine, serpentaria and elixir of vitriol. Anodynes of morphia at night.

The dressings were varied. Glycerine ointment, simple cerate, mutton tallow with a light covering of glycerine ointment, &c. During the sloughing, cataplasms of charcoal and slippery elm; washes of white oak bark tea; solution of nitrate of silver, which appeared to work well either to reduce exuberant granulations, or to stimulate when there was want of action.

One remarkable feature of the case was, that some of the deepest burns were under clothing that was not burned through to the skin. The fire being smothered, the intense heat passed through the clothing and destroyed the vitality of the parts much more deeply than we suspected from the first appearance.

Fortunately there is no contraction of tendons or stiffness of joints resulting, neither cicatrices remaining, but what will be under her clothing.

Her general health is now good, and the ulcers all healed, except one on the left leg which is yet unhealed.

ESSEX COUNTY.

To Chairman of Standing Committee, &c.:

From all that can be gained from correspondence and such other means of inquiry as have been at my command, I am not able to report the sanitary condition of Essex county for the past year as materially different from that of the twelve months, ending May 1, 1872. The diseases which have prevailed, in the main, throughout our district, have been such as are common with all practitioners in corresponding localities—to quote from a valuable communication from Dr. J. J. H. Love, "they have been such, as in years past, and such as will be in years to come, in every thickly populated community like this (Montclair), viz.: those consequent on climatic changes, on the disregard of what should be well-known hygienic laws, on ignorance in the rearing of infants, on the

improper use of intoxicating liquors, on that fatal hereditary influence which is constantly producing Phthisis Pulmonalis, and on the unfavorable location and unwholesome surroundings of dwellings."

Small Pox still prevails to some extent in the city of Newark, the number of cases being less than that reported last year; occasionally a case has made its appearance outside the limits of the city.

Diphtheria has appeared in different places, several physicians reporting its occurrence in their practice. I have seen seven cases, in all of whom recovery took place. In five, the paralysis which is frequently seen as a sequela, followed, the symptom yielding to the exhibition of strychnia, iron, a generous diet, and the use of electricity; liberal doses of the tincture of iron, quinine and stimulants, with good food, being the main reliance during the acute stage. Little attention was paid to the condition of the throat, save in the use of a carbolic acid gargle, when the secretions became offensive. Two fatal cases of the malady have been reported in the city of Orange.

Scarlatina is reported from various localities. Dr. Love states that about twenty cases have occurred in Montclair, two terminating fatally, "the intensity of the attack overwhelming the vital forces on the fourth day." I have encountered one fatal case out of nine who were afflicted with the disease.

Cerebro-spinal meningitis, which had just appeared at the time of rendering the last report, did not become epidemic; it entirely disappeared during the summer, fall and early winter; later, cases are again reported.

Varicella and pertussis have been epidemic in some regions, measles in others.

Pneumonia has prevailed to some extent; Dr. Love observing it among children and youth especially. It has been

of a mild form. In children under ten years of age, the following plan of treatment has been found very efficient in Dr. Love's hands, for many years:

℞
Vini ipecacuanhæ.
Syr. tolutani ā ā ʒiii.
Aquæ ʒvi.
M. S. One-half teaspoonful every 2d hour.

℞
Spts. vini rectificat. O ss.
Resinæ.
Ceræ flavæ.
Saponis vulgaris ē ā ℥vi.

Melt the last three together; when removed from the fire add the first. Spread on stout muslin, and keep applied constantly to the walls of the chest. After the fifth day a tonic plan is pursued, the cincho-quinine being the article relied upon, given in suitable doses in combination with syrup, the elixir of Calisaya and a sufficient amount of acid to dissolve the alkaloid. Dr. L. never employs any means tending to lower the vital powers; *e. g.* Venesection, antimony, mercurials, &c.

Dr. Pierson, Jr., of Orange, reports some interesting features in five cases which he saw in consultation; the trouble following vaccination and apparently dependent upon that process. The matter employed was taken from the arm of a healthy child, who had been a few days previously vaccinated with virus which was reported to have been taken directly from the cow. Shortly after the inoculation there appeared on different parts of the patients an erythematous eruption, accompanied by a febrile movement and marked prostration. The pustules did not pursue a healthy course, nor were they surrounded by the patches which were found on other

parts of the body. One case terminated fatally, the mode of death being by *asthenia*, a moderate congestion of the lungs being about the only complication.

Dr. Jobs, of Springfield, has had, during the year past, several opportunities to verify the—to him, before undoubted—truth of the existence of a typho-malarial fever, as distinct from the enteric fever—a fact which is denied by many. He also reports having obseved "an apoplectic state *producing paralysis*, and being *truly periodic* and likewise curable by specific treatment;" and further, a "periodic spasm of the urethra, curable only by quinine, and this after repeated catheterism."

During the long continued and intense heat of the summer of 1872, several cases of sunstroke were reported, some ending fatally. One case coming under the notice of Dr. Love, apparently made a good recovery; the patient resumed his labors as a porter, but six months after began to show symptoms of cerebral softening, which still remain.

The county physician classifies the cases which have received his attention, as follows:—Killed by railroad injuries, 28; still-born, 48; drowned, 26; fatalities from burns and scalds, 31; deaths from dissipation, 13; suicides, 17; infantcide, 1; sunstroke, 5; deaths from neglect, 2; from poison, 2; from murder, 3; from suffocation, 8; from small pox, 2.

As regards new modes of treatment, Dr. Love reports favorably on the use of a solution of carbolic acid, applied constantly on cloths to prevent pitting in cases of variola; also on the use of the Tr. Ferri Chlorid in doses of forty drops, every four hours, in the management of acute rheumatism.

He also sends the following history of a complicated case of labor:

"On March 5, 1873, in consultation with a neighboring physician, I found a healthy farmer's wife, aged about 30, in la-

bor with her third child. Five hours had elapsed since the labor began; the left elbow and the funis were protruding from the vagina; pains regular and strong; pulse good. With great difficulty the hand was introduced so as to grasp the feet and bring them down; version, however, was effected and the fœtus delivered dead. On introducing the hand to remove the placenta, a polypus was found the size of an ordinary fœtal head, having its attachment by a pedicle about the width of two fingers, to the inner portion of the left side of the cervix; the base of the polypus extending up into, and, with the placenta, filling the uterine cavity. The placenta came away without difficulty. This accounted for the unfortunate presentation, and the trouble encountered in delivering the child. Seeing that the patient was in the stage of collapse from primary shock, no efforts were made to remove the tumor. The uterus contracted well, and no hemorrhage occurred. The patient died in about two hours, from shock."

FRANK WILMARTH, *Reporter.*

EAST ORANGE, N. J., May 1st, 1873.

GLOUCESTER COUNTY.

To Chairman of the Standing Committee, &c.:

The earlier months of the year included in the present report offered nothing of special mention. During the spring of 1872, and winter following, the ordinary type of Pneumonia, Bronchitis, Intermittent and Remittent fevers, Gastric and Hepatic disorders were of average occurrence; as were Hepatic and Intestinal diseases through the summer. Scattered through this period were sore-throats of every variety—simple inflammatory, aphthous, ulcerated, and relaxed—Diphtheria of occasional though rare occurrence, not malignant

in type, but tedious and treacherous; no new ideas on treatment. An occasional case of continued fever now and then puts in an appearance—indeed from Woodbury, Dr. Clark reports several cases.

Cases of organic Heart Disease are by no means rare, and in these, we have, as ever, the sad satisfaction of recognizing easily that which we can, at best, but slightly alleviate.

In the cases of Phthisis reported the ordinary treatment was pursued—and the ordinary result attained. In three cases of night sweats reported, oxide of zinc in 2 grain doses, undoubtedly diminished this exhaustive concomitant of the disease.

Rheumatism and Rheumatoid affections continue to be our bane and opprobrium.

Scattering cases of Whooping Cough, Mumps, Chicken Pox, and Scarlatina are reported, the last chiefly in the upper part of the county.

Several cases of Chorea are reported at our quarterly meetings. Of these, some in the hands of Drs. John D. Heritage and Jacob Fisler, were treated successfully, as to time, by the use of the galvanic current as an adjuvant to general tonic and tentative specific treatment. Dr. J. R. Sickler reports a case of great severity. The patient was a girl, large-framed and robust, whose fully developed muscular system, when emancipated from volition, was capable of the most violent and erratic manifestations. Just one of those cases which suggested to Dr. West the propriety of tartar emetic in Chorea.

In the treatment of this case, as reported, the first two weeks were occupied in attention to and improving the secretions and general health; and in finding out what drugs would NOT control the jerkings. During these and the two weeks following, the potassium bromid., chloral hydrate,

belladonna, conium, and cemicifuga were all weighed in the therapeutical balance and found wanting; none exercising any appreciable control over the irregular movements. Chloral in particular, incurred the Doctor's sarcasm; he joining in the opinion that "it is an excellent remedy to put a person to sleep when there is nothing in particular to keep him awake." Eventually, at the end of the fifth week, henbane had the desired effect; and the lady is now virtually (and it is to be hoped, virtuously) convalescent. The preparation of hyoscyamus used by Dr. Sickler was a solution of the English alcoholic extract in whiskey, each dessert-spoonful (the dose) representing three grains of the extract.

Such had been about the run of cases reported for the fall and winter. Since the end of February, however, the county, particularly the lower portion, has been visited by an epidemic of Measles, wide-spread and presenting some peculiarities. Sparing no extreme of age, and expending its violence chiefly upon adults; many cases have been full of interest and not wanting in anxiety. Nor did the history of a previous attack at all unsettle one's diagnosis; since the fact that the patient had "been there before" was soon found to offer no obstacle to his or her "going there again."

The disease generally ran a regular course.

Treatment, in milder cases, expectant and expectorant; the more severe symptoms to be temporized during the height of the attack.

The cough, by simple "brown mixture;" the sick stomach, by bismuth and oxalate of cerium; if persistent, with inability to retain water or ordinary drinks, avoid floating the stomach with hot slops, but allow *iced cider* ad libitum—in all cases being grateful to the patient, and in none (at least in my own and in neighboring practices) causing any disagreeable symptoms. This almost amounts to what is technically termed a "wrinkle."

The sore throat, which is present in a large proportion of cases, frequently severe and ulcerated, to be treated as in uncomplicated cases. Those who have the soft side for the potassium chlorate use it specifically. The head-ache and nervous symptoms indicate potas. bromid. A sulphate of zinc collyrium, alum-curd, and mild red prec. ointment are required by the exanthematous ophthalmia; syringe laudanum and glycerine for the ear-ache. Among the sequelæ, a cough, in part nervous, and in part from a relaxed condition of the vocal organs, yields to insufflation of alum, inhalation of liquor ammoniæ, and belladonna internally.

Accompanying the measles, and, as it were, from the same epidemic tendency, is a hybrid affair, presenting in modified form the combined symptoms of measles and scarlet fever—the roseola of the English writers.

To return to the measles proper: fatal cases have occurred under two circumstance sonly. 1st. During the puerperal month; and 2nd. From a fearful concomitant, or sequelæ, cerebro-spinal meningitis. As examples of each, I avail myself of reports furnished me by two of the prominent members of our Society. The first, illustrative of a fatal case in the puerperal women, occurred in the practice of Dr. Luther F. Halsey. The lady, a primipara, had previous to her confinement allowed herself to become debilitated by diarrhœa, for which she applied to me for one relief. Her labor, which was perfectly natural, was followed by some hemorrhage, but all seemed going on well, when, (in the Doctor's words) "I saw her two days after, found her with fever, and a terrible cough and sick stomach; knew she had been exposed to the measles. Next day measles began to appear, other symptoms mitigated. Thursday (next day), measles fully out, patient quite bright. Friday, Saturday and Sunday, improving. On Sunday night a terribly exhaustive diarrhœa set in, with sick

stomach; no abdominal tenderness; lochial discharge all right; checked the diarrhœa. Monday, she is brighter. Monday night, diarrhœa set in again violently and continued, though somewhat controlled, till she sank from exhaustion, Tuesday afternoon, about four o'clock. Baby living; had measles about a week after mother's death."

The other class of fatal cases is admirably illustrated by a series of cases reported through the prompt kindness of Dr. John R. Sickler, of Mantua.

CEREBRO-SPINAL MENINGITIS ACCOMPANYING MEASLES.

"On Thursday, the 27th day of March, 1873, called to the family of J. W., a well-to-do farmer. His family consists of Adaline (a kind of dwarf, about 20 years old, weighs about 50 lbs.); Sally, 18½; Anna, 17½; Lavinia, Eupheme, 16½; Josephine, West, John F., 5, and George R., 11 months. At 3 o'clock, P. M., I was called. I found George R., 11 months old, dying; with cramps and spasms, an eruption on his skin resembling chicken pox extended on his body and extremities, head drawn well back; died at 5 o'clock. After examining the baby, my attention was called to Adaline, with like eruption; head drawn back, arms and legs rigid; puking; complained of great pain and soreness; she could still swallow, though with difficulty. My attention was next directed to West, aged 11 years, who was in about the same condition, suffering very great pain, and soreness of the neck and spine and extremities. I prescribed and went home. Called early in the morning and found Josephine in like condition to the other two, having been attacked shortly after I left. I found West somewhat relieved of his pain and soreness from large doses of calomel and opium. Prescribed strong doses of morph. sulph., and mustard plasters to their backs, etc. The

bowels of neither had been moved. I extracted from Adaline's throat, at this visit, a worm 11¾ inches long; the girl is suffering very much.

29th. Visited them early, necks still stiff, spines rigid, extremities sore, the eruption and petechiæ now disappearing. All three had bowels moved by powerful injections. Necks and spines very sore externally from mustard.

30th. All appeared more comfortable; West most so.

31st. If any difference, slight improvement. Continue opium and small doses of calomel. Ferri mistura.

April 1st. Considered better.

2d. Heads assuming almost the normal appearance; spine no longer rigid.

3rd. More comfortable.

4th. Still more so. West sits up in bed.

5th. Ditto.

6th. Did not visit them.

7th. West sitting up in chair. The *measles* making their appearance on him. He had been exposed to the contagion twelve days prior.

8th. Measles appearing on all but Adaline.

9th. Measles out on all fully, except Adaline, on her partially.

10th. Measles on West begin to recede.

11th. West sits up in bed; seemed lively. Rest doing well.

12th. West taken with chill last night and died to-day.

13th. Rest doing well.

14th. Eupheme's head and neck *opisthotonized.*

15th. All the rest complain of stiff neck and spine.

16th. John, 5 years old, measles receded; head drawn back, spine stiff and sore; bowels very loose, could not control them. Dr. Paul S. Heritage visited them with me. Eupheme getting worse.

17th. All about the same, but John, who is worse.

18th. Ditto.

19th. Ditto. John is *dead.*

20th. To-day moved four down to parlor. Adaline very deaf, as is Josephine; all the rest have had their hearing disturbed to some extent.

21st. But little change. Dr. P. S. Heritage again called.

22nd. Eupheme and Adaline about the same. Eupheme's head further back, and spine and extremities bad.

23rd and 24th. Eupheme getting worse, pulse near 100. Sent for Dr. J. Down Heritage to consult. Those down stairs doing well.

25th. Dr. J. D. Heritage visited and consulted; did not change the treatment. We proposed the use of the battery, but she was too far gone.

26, 27 and 28. Dr. Heritage consulting. Eupheme *dead.* Adaline better.

May 4. To this date the other children are improving; deafness wearing off, etc.

The treatment consisted of every item of the materia medica that suggested itself to me, but particularly the Samson's calomel and opium. Morphia I found very useful to control the severe pain, without binding the bowels. As a tonic I used quinine solus; quinine in Huxham's tr., elixir calisaya; et ferrum, etc., etc."

Such is Dr. Sickler's history of a case, or series of cases, in which measles and cerebro-spinal symptoms co-existed in part, and in part assumed the relation of disease and sequelæ. What is the connection between them? The Doctor closes his report thus—"As to the connection or dependence of the cerebro-spinal meningitis upon measles, I know nothing, and would not like to venture an opinion." But that some such relation does exist during this present epidemic,

we think there is every reason to believe. One physician, not in our county however, reports to me five cases in which this sequence occurred.

Dr. Halsey, of Swedesboro, which town has been about the central point of the epidemic, says—"Had several cases following measles, of brain and spinal troubles; coming on with the diarrhœa, by which almost every severe case of measles has been followed. Have found the best remedies to be potass-bromid. and denarcotized tr. opii, enough to control any nervous excitement and arrest the diarrhœa."

Hoping that other reports will throw more light on this interesting question I leave it. In closing, I wish to acknowledge the full and satisfactory written reports of Drs. Sickler and Halsey, to which I am so indebted, and to wish that the resolution of our County Society requiring written reports from all members, could cease to be regarded as a dead-letter by so many of our number.

C. GRANT GARRISON, *Reporter.*

SWEDESBORO, May 5th, 1873.

COMMUNICATION BY J. D. HERITAGE, M. D.

Was called on the 2d of April, to see Mrs. C., thirty years of age, nervous temperament, general health previously has been good, except constipation of the bowels. About fifteen years ago had a severe attack of typhoid fever, from which she recovered slowly at that time, but perfectly. Has been married about ten years, never borne children; the menstrual periods had occurred with regularity. There were no hereditary taints either from father or mother which would be likely to lead to complications. Found her with a pulse at 95, face somewhat flushed, tongue moist, but covered with a smooth, darkish colored, metallic looking coating; complained of lassitude, general soreness, and an intolerable headache, which she located in the back of the head and neck; complained particularly of the neck when she turned the head, and said the "light hurt her eyes." The bowels had previously been in a torpid condition, not having an evacuation at times for four or five

days, which was the case just now. The urine free and apparently normal. The stomach rejected everything put in it, and the retching was severe and persistent. No eruption—nor has there been—through the continuance of the attack. I have repeatedly inquired for it and examined the patient myself, but invariably without result. Treatment, ext. colocynth co., gr. iii., hyd. chlor. mit., gr. v., at once, to be repeated in six hours if the bowels were not moved. Sinapism to the stomach and back of the neck; morph. acetas, gr. ii., ant. et pot. tart., gr. i., aquæ, oz. ii. m, ft. sol. Tablespoonful every two hours.

April 4—4 P. M. Tongue more heavily furred; bowels moved this morning by injection, after having taken in divided doses, gr. xii. ext. colocynth co., hyd. chlor. mit., gr. xx. Vomiting not so severe, pulse 100; headache still continuing, and at the base of the brain; slightly delirious in the after part of the day, at which time there has been an increase of fever; skin dry; countenance anxious and expressive of pain, and mental disturbance. I had at my previous visit diagnosed Feb. Typhoides—but I now began to suspect a more serious difficulty; 1st, from the persistent pain in the back of the head and neck; 2d, from the fact that previously to being taken sick, she had been nursing the family of her sister, one of whom had died (and from the best data I could get,) from cerebro-spinal meningitis. I put her then on quinia sulph., gr. iii., ipecac, gr. ii., every four hours, and increased the dose of morphia to gr. ¼, every four hours; these to be given alternately.

April 5. No change; continued treatment, except during the afternoon, when the quinine to be omitted and taken again at ten o'clock, P. M.

April 6. Symptoms unchanged so far as improvement goes; tongue more dry; sordes on the teeth and gums; some delirium, but not violent; did not sleep last night and very little the night before; dull, heavy pain in the back of the head and neck; vomiting more freely a dark colored fluid; skin dry. Continued quinia et ipecac. Hyd. chlor. mit. gr. x., jalapæ, gr. x., at once, followed by oil ricini in six hours, if no evacuation. Continued morph. and ant.

April 7. Bowels moved last night by injection; the former doses proving ineffectual; no improvement in the symptoms. Continued treatment; prognosis guarded, as the case looked desperate. Since the bowels have moved the vomiting ceased.

April 8. Patient more quiet, slept some last night, no vomiting, skin softer, pulse 110, tongue moist at the edges and appearances altogether more favorable. There having been no singing in the ears I decided to push the quinine to that point if possible, and increased the quantity to gr. iv., every

four hours, except the dose in the afternoon, which was to be omitted. Continued morphia without the antimony.

April 9. Head singing, but the secretions dried up, and my impression was that the quinine had been pushed too far. Tongue more dry; not so much delirium, but the patient did not respond to questions so readily and had a general bad appearance. Quin. gr. ii., ipecac gr. ii., every four hours, morph. acetas, gr. ¼, every four hours, alternately. Calomel and jalap again, to be followed by injection if not moved.

10th. An improvement in all the symptoms; tongue more moist and showing a tendency to clear off along the edges; skin more moist; slept better; bowels moved freely, stools black and horribly offensive, urine free; no delirium. Ordered beef tea, wine, and put her on tinct. cinchon. comp. Teaspoonful every four hours. Morph. ac. gr. ¼, every four hours. Neck still stiff and back of the head "sore," as she explains it.

12th. Slight fever in the afternoons yet; tongue looking better than it has done previously, though still a thin, dry, shining coat in the centre. Continued treatment.

14th. Continued treatment.

16th. Symptoms all better; tongue about clean, pulse 84, sleeps well, appetite coming, neck still painful when the head is moved. Continued treatment, with the addition of tinct. ferri. chlor. gr. xx., three times a day.

20th. Slight return of fever yesterday afternoon, with this exception everything going well. Gave quinine, gr. x. in divided doses for the next 24 hours.

25th. Convalescence established and she is put under a tonic treatment of ferrated elixir of calisaya with wine, and nourishing diet; the functions are resuming their labors, and she is allowed to sit up a few minutes twice a day, increasing the time if she bears it well.

May 1. Slight return of fever; neck stiff again. Quinine, gr. x., in divided doses relieved it, and to-day, May 3, she is sitting up half an hour in the forenoon, and the same length of time in the afternoon: all the appearances favorable, and I shall not visit her again unless sent for.

Remarks: I believe the case to have been, not a true case of cerebro-spinal meningitis, but typho-malarial fever, with sufficiently developed meningeal inflammation to seriously complicate the disease.

I was called, in consultation, by Dr. Sickler, to see the family where this patient had been nursing previous to her attack, and found two of them suffering from well marked cerebro-spinal meningitis; one in the acute stage, the other past it and gradually running down from sheer weakness and

loss of recuperative power. Opisthotonos well marked in the acute stage; the head being drawn back firmly on the spine and kept there for near a week, when she died. This was the fourth fatal case in the same family. They were more severe, undoubtedly, from being complicated with measles; two of them, I think, showing cerebral symptoms before the attack, and one after having partially recovered from them.

HUDSON COUNTY.

To Chairman of the Standing Committee, &c.:

During the past year the diseases prevailing in this county have generally been, although of the ordinary form and type, diseases peculiarly incident to this locality. I refer to diseases of a malarial nature. We shall always have remittent and intermittent fevers, and all those insidious and indefinable forms of ills resulting from miasm, so long as the vast tracts of marsh land seen in this county remain unimproved, or upon a tide level.

Last spring and summer small pox prevailed to a greater extent than for many previous years; the fatality, however, was small, considering the great number of cases. Ought not the seeming increase of this disease for the past few years, be a sufficient argument in itself to make vaccination compulsory by law?

I am happy to state that this county now takes the lead in the very important matter of supporting her own insane. During the past year a large and commodious asylum has been erected, and is now accommodating nearly 100 lunatics, male and female; and new extensions are being now carried out to the original building, for the accommodation of more than twice that number. The insane are here removed from the alms house, the cell, and the almost criminal negligence

that they there sustain, to spacious and well-ventilated wards, with daily medical attendance; and it is pleasing to note here that the District Medical Society of Hudson was the great instigator in this humanitarian reform.

At a regular meeting of this Society, a committee was appointed, consisting of Drs. T. R. Varick, R. F. Chabert and T. F. Morris, to confer with the Board of Chosen Freeholders. Through the energy and influence of this Committee the most sanguine hopes of the Society were realized; the communication from the Committee was received and adopted by the Board of Freeholders, in pursuance of which the asylum was almost immediately began.

H. M. EDDY, *Reporter.*

JERSEY CITY, May 17, 1873.

HUNTERDON COUNTY.

To Chairman of the Standing Committee, &c.:

For the past twelve months there has been a remarkable freedom from disease. Epidemics have prevailed in but few localities. There seems to have occurred rather more deaths than usual for the same length of time; many of them sudden or the result of old age. In the southern part of the county a large per cent. of the deaths have been on this account.

During the summer and autumn there seemed to exist a disturbance in the nervous centres, and many who had a hereditary tend in that direction, were provoked to insanity. Many suffered Paralysis, Neuralgia, Sciatica, etc. But as cold weather drew on, cases of this kind occurred less frequently; and those suffering from a vitiated condition of the

blood were almost the only patients that called for the advice of a physician.

No doubt much of this freedom from epidemics may be attributed to the uniformity of the meteorological condition that we have now so long enjoyed in this section. While the spring of '72 was wet, the summer hot, the fall rather warmer than usual, the winter severely cold, and the present spring very moist and late, yet we have passed through these several seasons with marked regularity and evenness of temperature and of humidity.

In villages much subject to great extremes of temperature and humidity, owing to their altitude relative to the surrounding ridges and the like, for instance, Lambertville, Stockton, Frenchtown, Milford and Pittstown, there has been much more sickness than upon the more elevated districts. In those localities have prevailed almost all the Scarlatina and Typhoid fevers that I can hear of. Here, too, Pneumonia has occurred, and Diarrhœa, to a greater extent than else where. In fact, so far as I am able to learn, Diarrhœa, Dysentery and Pneumonia, have occurred almost not at all during the preceding twelve months upon the plains and elevated districts.

At Lambertville, Dr. Geo. H. Larison states: Scarlatina made its appearance in January, and continued through February and March. It assumed in most cases the anginose form, and from it were few deaths. The treatment consisted of tonics and a nutritious diet. Pneumonia, confined chiefly to adults, appeared during the same months. A larger number of deaths from Paralysis has occurred this year than usual. Measles have run their course upon the elevated districts adjoining the village on the south. Erysipelas in February prevailed as an epidemic. There has been a less number of deaths than usual from Phthisis Pulmonalis.

Dr. T. H. Studdiford reports a case of transverse fracture of the patella, successfully treated by applying a bandage in the form of the figure 8, with entire rest and cold applications.

At Stockton, Dr. O. H. Sproul states, that during the year past he has been called upon to prescribe for a larger number of patients than usual. He says he has seen a larger number of cases of Erysipelas and has met with more cases of Acute Rheumatism than usual; that Scarlatina as an epidemic of mild form has lasted through the fall and winter. During the summer Diarrhœa and Cholera Morbus were common, but Dysentery was rarely met with; several cases of Remittent and Continued Fever fell to his charge, but no cases of Typhoid; cases of Influenza frequently occurred during the prevalence of the Epizooty; Varicella visited the children of that vicinity this winter; at present Rubeola prevails, of a mild type; three cases of Cerebro-spinal Meningitis has fallen to his charge within the last two months, one of which died of convulsions, the other two are convalescing.

Dr. E. K. Deemy, of Frenchtown, writes me: "Upon the whole it has been a healthy year with us. The only epidemic that has prevailed is Influenza. We have had the affections common to the seasons, but in a mild form. There have been a number of cases of Scarlatina Anginosa, but we could hardly regard it an epidemic. Pneumonitis and Bronchitis were the prevailing diseases during the winter, attacking individuals of all ages and of both sexes. Several cases of Typho-malarial fever occurred, but were all amenable to treatment. I saw two cases of Cerebro-spinal Meningitis, both of which terminated fatally. During the warm weather there were a few cases of Cholera Infantum, but we were entirely free from Colitis."

In my own practice there have occurred very few epidemics.

Influenza prevailed to some extent in February, but I have hardly seen a case of Typhoid, Intermittent or Remittent fever this year. In two cases of Phthisis Pulmonalis I have used nitrous oxyd apparently with good results. And in order that the merits of the gas may be better appreciated, I will append a detailed account of them, which I read before the District Society at its last meeting.

Miss L. S., a maiden lady, about 28 years of age, engaged my attention December 16, 1870. She was then suffering from slight pains in the thorax, a severe and almost constant cough, attended with no expectoration, an irritable stomach and obstinate constipation. On examination, I was convinced that this lady was suffering from Tuberculosis Pulmonalis; and thereupon I concluded to give her sanguinaria, quinia and strychnia. Upon this she slowly convalesced until the 24th of April, when I ceased to attend her, and she went on with her usual avocations.

On the 13th of September following I was again called to see her. She was again suffering from the same difficulties, and I resumed the former plan of treatment, but with less success. The stomach was more irritable, and the constipation more obstinate. I did not succed in allaying the cough, although I believe I tried all the remedies of the Materia Medica that are recommended for such purposes. I then tried inhalations of various articles, such as iodine, turpentine, tannin, morphia, belladonna, hyoscyamus, carbolic acid, and not a few other remedies not worth while to mention. For a time the inhalations of turpentine seemed to control the cough and allay the irritability of the stomach; but when this failed, the inability to take food in proper quantities and of proper qualities allowed her frame to become extremely emaciated, so much so that during the month of June the case seemed to be entirely hopeless.

At this juncture it occurred to me, that if the patient could breathe a gas richer in oxygen than the atmosphere and yet of feeble constitution so that it would readily yield up its oxygen to the mucous membrane of the lungs, the blood might be better oxydized, the nervous centres aroused to increased vigor, digestion established, and the progress of the disease for a time arrested. To meet these requirements it appeared to me that nitrous oxyd is the article, and accordingly I determined to give it a trial.

On the Fourth of July I set up and charged an apparatus, from which she could inhale as much of the gas as might be desired. She was directed to take a full inspiration every second hour. During twelve hours she consumed about a gallon. On the following day, under the same directions she consumed about one and a half gallons, and at the end of one week she consumed about two and a half gallons per day, taken as above stated—so rapidly did the capacity for a full inspiration increase. About twenty-four hours from the time of taking the gas, I observed the pulse was not so quick, but fuller; her respirations not so labored, and the expression of her countenance less anxious. On the second day I found the pulse still fuller and less frequent; the respiration was less labored, the countenance less anxious, the eyes were brighter, her lips more ruddy, and the movements of the patient were made with greater precision and steadiness.

On the third day the irritability of the stomach was much less, and the patient said that food began to have its natural taste. At the end of a week the appetite was fully established; she began to take a fair supply of food, and showed some increase in flesh. Thus she continued improving until about the middle of August, when the excessive heat together with the superabundance of aqueous vapor with which the air was charged at that time, began to prove too oppressive,

and to counteract this as much as possible, she was advised to take double the quantity of gas by taking one inspiration every hour. This seemed once more to invigorate the system, and after a few days she began to improve, and continued to do so until about the 1st of February, 1873. At this time derangement of the menstrual function began to produce a general derangement of the nervous system. On the 20th she began to suffer extremely from irritability of the medulla spinalis, and was soon obliged therefrom to go to bed. This morbid irritability has been so great at times as to bring on catalepsy. So far as her lungs are concerned, I think her condition better than it was one year ago.

On the 24th of September, 1872, Mrs. B. H., aged 22, was prostrated by hemorrhage of the lungs. As I was not at liberty then to attend to my practice, on account of the illness of my brother Dr. A. B. Larison, Dr. G. H. Larison, of Lambertville, saw her for me, and continued to visit her for a number of days. At first she seemed to convalesce and actually began to travel about; but in a short time her appetite began to fail, her cough to increase, and night sweats supervened, together with much emaciation. She was now obliged to keep her bed constantly, and suffered very much from dyspnœa.

Physical exploration revealed that the lady was laboring under Tuberculosis Pulmonalis, and probably of the milliary variety. She had been prostrated with this ailment some two years and six months before, but during this interval had enjoyed tolerably good health. The remedies she was advised to take were quinia, iron, turpentine, syrups of the phosphites and of the phosphates, cod-liver oil, chlorate potass., etc. etc. Counter-irritation was constantly kept up by a liniment made

of equal parts of aqua ammonia, tr. capsicum and terebinth. As time passed on the dyspnœa increased, and with it was associated hectic fever. The lady begged to have the doors and windows opened, as it was impossible under any other circumstances that she could endure the extreme heat of her fever. She lay in a room upon the first floor with opposing outdoors which were set wide open, day and night, rain or shine, without fire, until the first week in December.

Seeing the inefficiency of the remedies that I had advised for her, and that she was daily growing worse, and probably was near the end of life, I resolved to give her nitrous oxyd. Accordingly, on the 29th of November, I set up and charged an apparatus having a capacity of five gallons; and after showing her and the nurse how it should be used, I advised her to take two respirations of the gas every hour until the quantity was exhausted, or until I should see her. At the end of about 24 hours I saw her again. She had consumed the gas; said she experienced no change in her feelings as yet, and that it was tiresome to take the gas. Again I charged the apparatus and advised her to take it as before. At the end of 24 hours I called again to see her; she had carried out my directions and stated that the only change, if any, she experienced was a slight improvement in her appetite. The apparatus was again charged, and the lady was directed to use it as before. Again I called to see her at the end of 24 hours. She had taken the gas as directed, stated that she felt some stronger, that her appetite was improving, that she coughed less and slept better, and suffered less from heat and dyspnœa. I advised a continuation of the gas, and on the following day, as I drove toward the house, I was surprised to see both doors and windows closed, a circumstance I had not witnessed in two months. She stated that she felt better; that her appetite, that so long had been poor, was now becoming strong; that

she suffered less from heat and dyspnœa, and that she could help herself better.

During this time the eyes improved in their brilliancy; the skin assumed its vigor; the muscles performed their functions with greater precision; and the pulse was less frequent and more voluminous. I could detect no increase in the flow of urine, nor any alteration in its properties. It seemed to me that the chief advantage that arose from the use of the gas was of alimentary character—*that it was food for the system.*

I now withdrew all other remedies. The lady continued to convalesce; and in a few days had a stove placed in her room, and again she enjoyed the temperature commonly agreeable to indoor life. Her appetite became voracious, so much so that she sometimes suffered from the quantity she ate. Toward the last of December, she began to walk about her room, and her strength and her general health has been steadily improving till this day. For a long while she did not increase perceptibly in flesh, but since the middle of March she has been gaining in weight. She continues to take the gas at the rate of five gallons per day, and besides it she takes very little medicine. A few incidents have occurred, by the way, to show how much this lady's condition, from time to time, depended upon the use of the gas. When she had been taking the gas for about four weeks, and had for a short time been enjoying a freedom from the distress of fever, and I was not attending her every day, I called to see her and found her in bed, with the window open, fire out of the stove, and her cheeks very much flushed. On inquiry, I learned that on the day I last saw her (three days before), by some mishap they had broken the retort, and in consequence they could not generate the gas, and that she was suffering therefrom. But on returning to the use of the gas she soon became convalescent, and the heat and dyspnœa subsided.

The like of this happened more than once, and such has been the result that she dreads being out of it for a single day.

From what I have seen of the use of nitrous oxyde, I am inclined to look upon it as a stimulant and as an aliment. In all my observations, the frequency of the pulse has been very slightly accelerated, if at all; but the volume of the pulse has been increased. This change in the character of the pulse is manifest in a very few minutes, sometimes in less than a minute, after the inspiration of the gas; and ordinarily continues, gradually decreasing, for the space of an hour or more.

When not more than a gallon of gas is taken at once, patients state that they do not feel any temporary effect therefrom, especially after they have been accustomed to taking it for a short time. But beyond this quantity, intoxicating effects are likely to arise. I have seen a nervous agitation pass away with remarkable rapidity under the use of this agent, and I have no doubt that in many nervous affections it will prove to be one of our most valuable remedies. The increase of tone in the muscles, and in the mucous membrane, together with the increase of the appetite, leads me to believe that the article, when taken in proper quantities, is decomposed in the circulation and acts as food. May it not be that the oxygen, set free by decomposition, unites with the carbonaceous elements of the blood, and is eliminated as other compounds of oxygen and carbon, while the nitrogen, in some mysterious way, is appropriated to the formation of those nitrogenous compounds of the blood known as albumen and fibrin? May not, after all, the vigor of the system be due more to the introduction of nitrogen into the circulation, in a state of feeble combination, so that it is easily set free and used in the formation of albumen and fibrin, than to the introduction of oxygen?

By this suggestion I do not wish to make the impression that I think the oxygen yielded up by this compound is of no use; on the contrary, I think it is of great use; and probably the first or primary effects of the gas lie in this. No doubt the intoxicating effect which every one experiences on inspiring the gas, arises from the rapid union of the oxygen of the gas with the carbon of the blood. But this effect is momentary. And could it be repeated or constantly kept up, it would certainly establish a powerful drain upon the system, unless some compensatory effects from some other source should be established. A rapid decomposition of the hydro-carbons would be the result, and the patient deprived of the fats of the system, would soon be reduced to a skeleton.

But in practice this is not the entire result—apparently so, at least. That other element, nitrogen, is used in forming tissues which is not to be eliminated immediately, the plastic elements of the blood, destined to form muscle and tendon and ligament, to give energy to the limbs, and efficacy to the diaphragm and intercostal muscles, to keep up respiration, and activity to the peristaltic movement of the stomach and bowels. Thus it not only serves as food itself, but by so doing, it puts the stomach in such a condition that it demands a supply of those articles that is necessary to provide against the wear and waste that must, of necessity, take place as long as life lasts.

This view, I think, is strengthened by the fact, that after intoxication from this element, no feeling of languor or lassitude supervenes, as it does upon the intoxication arising from other stimulants. The intoxication, as I have before stated, no doubt arises from the rapid union of the eliminated oxygen with the carbon of the blood, or at least, the main portion of it does. These compounds of oxygen with the hydro-carbons form water and carbonic acid, products that must be elimin-

ated immediately, and so produce exhaustion of the materials of the frame. But during this stage of intoxication, the nitrogen entering into the formation of those more vital compounds, that are destined to abide in the economy for a time, and serve the strength-giving purposes of making muscles and the like, fortifies, so to speak, the system against the feeling of waste and want that is so generally experienced after the taking of other articles which increase the vital activity. So while the oxygen is rapidly eliminating the superfluous carbon of the circulation, the nitrogen is equally active in forming those nitroginous compounds of the blood, which must always be on hand for the construction of new tissue. And as the toxic influence of the oxygen is waning, the tonic influence of the nitrogen supervenes. As the calorific elements are eliminating the hystogenetic are forming. As the system is losing its superfluous carbon, it is gaining a supply of nitrogen; as the more transient is passing away, the more substantial is accumulating; while the system is enjoying a temporary acceleration of emotions from the rapid interchange of relations arising from the oxygen, it is providing against a corresponding depression by the formation of more enduring tissue out of nitrogen.

C. W. LARISON, *Reporter.*

RINGOES, N. J., May 3, 1873.

MERCER COUNTY.

To Chairman of the Standing Committee, &c.:

The general health of Mercer county during the past year has been good.

The city of Trenton, and, I believe, the whole county, except Windsor and Hightstown, has been entirely exempt from any disease in an epidemic form. In Trenton we have

had but little diphtheria and scarlet fever, and but very few cases of measles and whooping cough. During the winter we had a few cases of small-pox, but only one death.

Notwithstanding the long and exceedingly hot weather of the summer, bowel complaints were no more prevalent than usual. The cases of enteric diseases were cholera infantum, diarrhœa, and a few cases of cholera morbus. During the fall months there were a few cases of dysentery, but of a very mild type, and the most of them yielded readily to treatment.

The principal fevers were intermittent and remittent. These prevail to a greater or less extent during most of the year,in consequence of certain localities in and around Trenton generating the elements essential for the production of malarial diseases. The malarial poison generated in these localities, quite frequently complicate other diseases and make the use of quinine necessary in their treatment. I have now a case of acute rheumatism under treatment, which after the lapse of fifteen days assumed a marked and decided intermittent form, but which is rapidly recovering under the use of quinine. Some of the cases of catarrh which occurred during the winter and spring, seemed to resist the ordinary diaphoretic and expectorant treatment, but subsided readily on the administration of quinine.

Since our last annual report, Dr. Edmund Hance, formerly a member of this Society, died at Glassboro, Gloucester Co., of consumption. His obituary, I presume, will be prepared by some member of the profession from that county, where he had been engaged in practice several years previous to his death.

Having no cases of special interest in my own practice, and having received no reports of cases, or communications from any member of our Society, except Dr. Deshler, I have nothing further to report.

C. SHEPHERD, *Reporter.*

TRENTON, N. J., May 6th, 1873.

DR. CHAS. DESHLER'S COMMUNICATION.

The experience of the past year presents nothing remarkable. The diseases of most frequent occurrence had their origin in ordinary atmospheric variations. The summer of 1872 brought the customary number of intestinal disorders, with the usual ratio of deaths. Good nursing and correct hygiene has probably reduced the latter. In the fall, febrile diseases were numerous. They mostly assumed a remittent form, and were of miasmatic origin, a rare thing for this community. When not promptly arrested by large doses of quinine, they became typhoid and usually ended in death. The "*let alone*" treatment did not answer. The homeopaths were quite unsuccessful. I do not know of a single case they conducted to a successful termination. The patient either died or timely discharged his physician. The therapeutic value of drugs was here made very apparent. In every instance where energetic treatment was early instituted, recovery was rapid and certain, while delay was always followed by proportionally protracted and serious illness. The winter furnished more than the ordinary number of catarrhal affections. Pneumonias were frequent, but rarely serious, and in no instance fatal.

There have been fewer cases of phthisis pulmonum than in former years. Deaths from this cause are less common than formerly. Has not the adoption of the views of Niemeyer on the pathology of this dire disease benefited our own therapeusis? Instead of looking upon the consumptive as one afflicted by a peculiar, mysterious neoplasm, of which little is known, and against which little resistance is to be made, I have for years acted upon this man's teachings, and treated all cases of so-called incipient tuberculosis as cases of chronic pneumonia, which if not arrested would produce the same results as inflammation in other tissues. Thus far I think my success has equalled my expectations.

I have treated fourteen cases of *mild* scarlatina and two *grave*. Of these, five were followed by general anasarca, three of which had also albuminuria. Of these one died; the rest recovered. The epidemic still continues, but the cases are mostly of the mild variety. Numerous cases have occurred at Windsor and Dutch Neck; a few proved fatal. The majority recovered without the use of medicine. The grave cases did well under the ordinary treatment, and presented nothing unusual, except perhaps, that they were followed by abscesses of the glands of the neck.

Measles prevailed to a limited extent during the winter. Occurring at a time when phlegmonic diseases were at their height, we had more than the usual proportion of deaths from meningeal and pneumonic complications.

Four sporadic cases of cerebro-spinal meningitis have come under observation. The first was moribund when first seen; the second *in articulo mortis;* the third and fourth are now under treatment and will probably recover. One, however, is still in doubt. Two other cases simulating this fearful disorder, have occurred, and though one proved fatal, the symptoms were not sufficiently distinctive to warrant a diagnosis of cerebro-spinal meningitis.

MIDDLESEX COUNTY.

To Chairman of Standing Committee, &c.:

The Reporter for Middlesex county would respectfully report, that early in the spring of 1872, a number of cases of cerebro-spinal meningitis occurred in New Brunswick; there were several cases of recovery, the number of deaths and recoveries being nearly equal. The treatment consisted in leeching, mercurials and inunction of belladonna and mercury. The year has been marked by an absence of any epidemic or contagious disorder. We have had isolated cases of scarlatina, variola, etc., and a moderate amount of pneumonia and bronchitis. More intermittents occurred during the last year than is usual with us, which circumstance may be explained by the excavations for the purpose of sewering the town. Your reporter has visited in consultation, one case of tetanus, resulting from a gunshot wound, in which the physostigma, as well as chloral hydrate and opium were freely used. The patient was relieved from the severity of spasm, but finally sank about two weeks from the commencement of the attack and about four weeks after the injury.

Your reporter narrates a case of poisoning with Creosote:

March 22, 1873, W. R., aged 17 months, at 2.30 P. M. took from a vial containing creosote, an uncertain quantity of the liquid. It is supposed that one drachm was swallowed. The nurse, who was scarcely absent more than one or

two minutes, found him tottering and just caught him as he was falling; he immediately lapsed into insensibility, and when seen by medical attendant, about half an hour afterwards, he was comatose and stertorous, the pupils were contracted, the surface of the body cyanosed, the breathing was slow, the pulse weak but not much increased in frequency; the breathing at times was markedly stridulous; the chin, neck and interior of the mouth and fauces all showed the corrosive action of the poison. Albumen was at once given, and followed by emetic doses of ipecacuana; this, however, failed to act until wine was given, when large quantities of food were sluggishly thrown up, it was necessary to draw it from the mouth with the fingers; the contents of stomach smelled strongly of the creosote; during the act of vomiting partial consciousness was restored, and at such times the stridulous breathing disappeared. The stimulus was constantly administered, and at 11 P. M., he seemed quite himself. The succeeding day he had fever and hoarseness; took nourishment with difficulty, milk and lime water being his chief food. Severe excoriation of the mouth and fauces, as well as the chin and neck, required attention for several days, but in about ten days recovery was complete.

HENRY R. BALDWIN, *Reporter.*

MONMOUTH COUNTY.

To Chairman of Standing Committee, &c.:

As far as I can learn from the members of our Society practicing throughout the county, the past year has not been marked by any special visitations of sickness worthy of record. The diseases incident to the seasons have pursued their usual course, while only here and there have any of them existed in an epidemic form.

Dr. Henry Cooke, of Holmdel, informs me that there has been an epidemic of measles, which has attacked almost every family in his field of practice, the disease being of a mild type.

Scarlet fever has also prevailed quite extensively throughout our county, the type of the disease varying somewhat in different localities, the cases in our vicinity being mostly of the simple form.

Appended are the histories of some interesting cases of Dr. Vanderbeck's, of Allentown, illustrating the use of Ergot in headache; also the notes of two cases in my own practice:

Acute Mania: beneficial effects of Chloral Hydrate.

On the 15th of December, 1872, I was called to see Mrs. S., age 30, the wife of a clergyman, the mother of three children, a lady of highly nervous temperament, and found her suffering from hysteria, of a melancholy type, induced by general debility from nursing her baby, which was about six months old. The patient feels very weak, is easily excited and does not rest well at night. Ordered quinine and iron and bromide of potassium at night, with nutritious diet and wine at dinner.

During the following week, the paroxysms of hysterical weeping became more frequent, and the insomnia more marked. Ordered the child to be weaned, and administered valerian and assafœtida on the approach of the hysterical paroxysms, and hydrate of chloral, gr. xxx. at bed time, instead of the bromide of potassium.

The patient gradually grew worse, and in a few days acute mania of the most violent character, so as to require the constant presence of several nurses to prevent her injuring herself, was developed. Bromide of potassium in large doses,

valerian, assafœtida and chloral in gr. xx. does, repeated every hour, were not able to quiet her. After this violent mania and complete insomnia had existed forty-eight hours, hydrate of chloral, ʒi, was given in a single dose, to be followed by gr. xx. doses every half hour, until sleep was produced. When 80 grains had been taken the patient fell asleep and rested quietly for seven hours; the mania returning when she awoke, gr. xx. more were given and two hours sleep was again produced.

During the succeeding fortnight the same plan of treatment, viz.: a large dose of chloral at bed time, followed by smaller ones at short intervals until sleep was produced, was pursued; and through the day whenever excitement showed itself, a gr. xx. dose was administered. This always had a quieting effect, though rarely produced sleep. Throughout the whole course of the disease, the patient was well supported by beef essence and milk, and the condition of her blood improved by iron. Three months from the beginning of her sickness, her mind was completely restored to its normal condition, and her general health is excellent.

The chloral was administered regularly at night for about a month; during this time it never produced any unpleasant effects, nor interfered with the digestive organs in the least, her appetite remaining good and bowels regular throughout her entire illness.

Aconite Poisoning.

Mrs. V., age 35, while under treatment for a slight attack of dysentery, took by mistake twenty drops of tr. aconite root. A few minutes after swallowing the medicine she felt a tingling sensation in the throat and tongue, which being different from what she had before experienced after taking

her drops, led to an inspection of the vial from which she had taken it, and which was plainly marked "Tr. Aconite Root—Poison." Being very much frightened and not knowing what to do she swallowed a raw egg and sent for the doctor.

Upon reaching her bedside an hour and a half after the poison was taken, I found her with her mind perfectly clear, complaining of "an intense burning pain over the stomach," a "dryness of the throat," a "stiffness of the tongue," and a "tingling sensation over the whole body." Pulse 76 and full, respiration and pupils normal. Brandy, ℥iv., and ammonia carb, gr. xx., were immediately administered. For the next half hour there was no change in her condition, when suddenly the pulse began to beat irregularly, "faintness" was complained of, and also "coldness of the extremities." In the next quarter of an hour the pulse had become so feeble and irregular that it was scarcely perceptible, the respiration was irregular and sighing, the extremities were cold and the capillary circulation so feeble that the whole surface of the body presented a livid appearance, the pupils were dilated, and vomiting occurred several times; mind not affected. Brandy and ammonia were then given in enema and heat applied to the body.

In spite of the stimulants, the pulse still continued to grow weaker until it could not be detected at the wrist; the patient continually complaining of faintness and cold. The patient remained in this condition nearly two hours before the radial pulse could again be detected, though brandy and ammonia were several times administered by enema, amounting in all to ℥xii. of the brandy, and ʒi. of the carbonate of ammonia, in the space of three and a half hours.

About five hours from the time of taking the poison the physiological effects of the drug began to disappear, but the

pulse remained feeble, and dizziness was complained of for the next two days whenever the head was raised from the pillow.

In this case the *frequency* of the pulse was at no time (when it could be felt) below the normal standard, the only changes noticed being the irregularity and feebleness, followed quickly by a flickering and temporary cessation.

D. McLEAN FORMAN, M. D., *Reporter.*

The use of Ergot in Headache.

BY C. C. VANDERBECK, M. D.

Having noticed in one of our late medical journals, the use of Ergot in headache, I was induced to experiment with this article of the materia medica, in the very distressing affection, cephalalgia. The relating of a few cases in my practice, in which I used Ergot, will show the result of my experiments.

Case:

Mr. B., age 40, subject to attacks of sick headache, which last all day, often two days, sometimes several days. During one of these attacks, being unusually severe, I was sent for. I found him suffering with a terrific headache, nauseated, the pulse accelerated, head hot, &c. I prescribed fl. ext. Ergot, 30 drops, repeated every half hour, until four or five doses were taken; after the fourth dose the nausea had ceased, the excruciating pain in the head had subsided, the pulse nearly normal; he continued getting better, having the rest of the day only a heaviness, as he expressed it. This same gentleman has relied greatly upon his "headache drops," at each recurrence of his "tormentor."

Case:

Miss R., age 21. On the evening of an engagement she had with an Amateur Dramatic Association, I was sent for, and found her in the hall, one hour and a half before the performance, suffering severely with headache; her friends were very anxious, on account of the very prominent part she

took in the evening's programme; she had all the symptoms of severe headache, in connection with a very excited state of the nervous system, in fact, quite hysterical. I prescribed thus—fl. ext. Ergot, fl. ext. Valerian, aa s, 30 drops every half hour until relieved. One hour later, and half hour before she was to make her appearance on the stage, her head was almost well, the nervous symptoms entirely disappeared; she acted her part admirably during the evening. After the performance she told me that she felt entirely, perfectly well. Since that time I have had frequent demands for "headache drops," frequently relieving, sometimes failing. To sum up the results of this drug in my hands in cephalalgia, I find it a very useful remedy, but not a specific.

I think the modus operandi can be explained by the action Ergot has upon the unstriped muscular fibres, causing contraction of the blood vessels of the head and brain, thereby diminishing the amount of blood in these parts, which generally have a superfluous amount in headaches.

PASSAIC COUNTY.

To Chairman of Standing Committee, &c.:

During the past year the health of Passaic county has been about equal to the average of previous years. Small-pox has appeared among us, but been held well in check by systematic vaccination; cerebro-spinal fever in a very severe and fatal form visited us last summer, but the total number of cases was not large; measles, scarlet and typhoid fevers have occurred only sporadically. During the hot weather of last summer the deaths among infants were very numerous from diarrhœal diseases, and during this spring pneumonia has been prevalent among persons of all ages. Intermittent fevers continue to prevail as usual in their due seasons. A very wide-spread epidemic of mumps has been present during the past winter and spring, to an extent almost unprecedented in the experience of some of our physicians.

Since the first of August last, a thorough system of Registry of Births and Deaths has been carried into effect for this

city, which will be of great aid to future Reporters in preparing their annual reports, as such systematic tables afford the only reliable data for estimating the comparative yearly mortality.

The following figures are taken from a report recently published by the Health Department of the city. They embrace the period from August 1st, 1872 to April, 1873.

	AUG.	SEPT.	OCT.	NOV.	DEC.	JAN.	FEB.	MAR.	TOTAL.
BIRTHS, . . .	89	84	94	82	86	81	81	68	665
DEATHS, . . .	115	89	74	60	77	47	70	53	585

Table of Deaths from more important diseases:

DISEASES.	AUG.	SEPT.	OCT.	NOV.	DEC.	JAN.	FEB.	MAR.	TOTAL.
Consumption,.....	6	14	3	12	16	9	9	9	78
Diarrhœa, ...	38	11	4	2	1	1	0	2	59
Marasmus,.....	15	7	7	3	2	1	3	1	39
Convulsions, ...	6	9	4	2	3	4	6	4	38
Inflammation of Lungs,... .	4	5	5	3	6	1	2	10	36
Hydrocephalus, ...	7	7	7	2	1	2	4	1	31
Fevers, ...	6	8	7	4	0	3	2	0	30
Accidents and Injuries,.....	7	3	2	3	1	2	0	3	21
Apoplexy and Paralysis,.....	2	0	3	3	5	2	7	0	22

Table of Deaths according to ages:

AGES.	AUG.	SEPT.	OCT.	NOV.	DEC.	JAN.	FEB.	MAR.	TOTAL.
Under 1 year,.....	63	29	19	8	18	12	24	9	182
From 1 to 5 years,.....	21	19	11	14	12	7	10	4	99
" 5 " 30 "	11	17	14	11	20	10	14	11	108
" 30 " 80 "	17	23	30	26	25	18	19	27	185
Over 80 years old,.....	2	1	0	1	1	0	3	2	19
Total,	115	89	74	60	76	47	70	53	584

The only diseases requiring special notice are cerebro-spinal fever and small-pox.

In my report of last year, cerebro-spinal fever was reported as having at that date, recently made its appearance. The epidemic soon reached its height, and after May gradually declined; a few cases occasionally occurring all through the summer and fall. It is impossible to give an estimate of the total number of cases, but it was not very great. The mortality among those taken sick was large. The disease appeared in a variety of forms, and with varied symptoms. Some cases were extremely acute, reaching their height in a few hours, and then soon terminating in convalescence or death. Others again were very gradual and insidious in their access and source, occasionally entirely misleading the physician as to their true nature for several days. In some cases, after the disease had reached its height, an improvement would begin, and recovery would be hoped for, when all progress would cease; the patient lingering in the same condition for days or weeks, and then an increase or renewal of the cerebral symptoms would supervene and death soon ensue. Convalescence and recovery were sometimes rapid and complete, at others slow and only partial, loss of some of the special senses, or paralysis of some of the muscles remaining. The most constantly present of all the symptoms was rigidity of the muscles of the neck. In only a few cases was there any well marked cutaneous eruption. The disease appeared chiefly among children, though no age was exempt. It prevailed in all sections of the city, and in all classes of society, and its origin could not be traced to contagion or any other cause. The treatment generally adopted was ice to the head and spine, and quinine freely by mouth or rectum; and morphine when there was any indication for its administration. Dr. H. C. Van Giesen has favored me with a report of five cases, which I enclose.

During last summer, small-pox prevailed to an extent sufficient to cause considerable alarm to our citizens, although the actual number of cases in the city was not large. In last year's report, it was stated that there had been twenty-four cases up to May 1st, 1872; since that date there have been sixty-seven cases, making in all a total of ninety-one during the past two years, in a population of thirty-six thousand. This comparatively small number, during a period in which the disease has prevailed extensively and almost steadily in the neighboring cities of New York, Newark and Jersey City, and from which it has on several distinct occasions been imported, has been due chiefly, in the opinion of your Reporter, to a tolerably thorough and systematic vaccination. This was the means of protection *relied upon*, and to this the efforts of the Health Department were mainly directed. Isolation and disinfection were employed, but only as auxiliaries. Isolation, to be efficient, must usually be effected by forcible removal to an hospital. This was carried out in only a few instances, and was found to be so much dreaded as to cause concealment of the cases; and on the principle that concealed enemies are more dangerous than open ones, it was ordered that the sick could remain at their own homes as a general rule; and then all cases were at once reported to the authorities. As soon as a case appeared a physician was sent to offer vaccination to all the inmates in the infected and adjoining houses, and to urge its importance upon them, and if necessary, the whole section of the city was thus visited. Although not compulsory, few refused the vaccination thus urged, and in no one instance did a person vaccinated by the authorized physicians afterwards take the disease. The duties of your Reporter, as City Physician, having required him to visit every case of small-pox in this city, he has compiled the following table which gives facts of value, especially as

showing the importance and protective power of vaccination and re-vaccination.

Table of all cases of small-pox occurring in the city of Paterson, from May 1st, 1872, to May 1st, 1873.

AGE AND RESULT.		UNVACCINATED	VACCINATED.	DOUBTFUL.	INOCULATED.	TOTAL.	
Under 5 years,	Recovered,	3	0	0	0	3	15
	Died,	12	0	0	0	12	
From 5 to 15 years,	Recovered,	9	7	2	0	18	19
	Died,	1	0	0	0	1	
From 15 to 50 years,	Recovered,	1	19	2	1	23	30
	Died,	5	1	1	0	7	
Over 50 years,	Recovered,	0	3	0	0	3	3
	Died,	0	0	0	0	0	
Total,	Recovered,	13	29	4	1	47	67
	Died,	18	1	1	0	20	
		31	30	5	1	67	

In not one of these cases was there any history or evidence of successful vaccination; and of those reported as having been vaccinated, in some the vaccination had undoubtedly been inefficiently performed. The disease occurring in vaccinated persons was almost always modified, in both the amount and character of the eruption. The difference in the severity of the disease was extreme, however, even in the unvaccinated, and it appeared to vary according to some unknown family constitutional peculiarity. In two families it occurred in the most malignant and hemorrhagic form. The sole fatal case among the vaccinated was of this description, the patient being also far advanced in pregnancy. In another family the disease appeared in the mildest possible form, so as to be worth recording: A girl about sixteen years of age, who had been vaccinated in infancy, was noticed to have a pustular eruption on the face; she had not been sick, or even complained of headache for a single hour, and as the eruption

was not umbillicated, the physician pronounced it not to be smallpox. However, soon after, the other members of the family were taken sick. The mother, vaccinated in infancy, had a mild attack of modified smallpox; a child seven years of age had a moderate amount of pustules on the face and neck, but was not sick or confined to the bed for a day; an infant at the breast was taken with convulsions, followed by a slight variolous eruption and very little febrile reaction; another child, ten years of age, had an abundant eruption of distinct smallpox, with the usual concomitant symptoms; in her the disease followed its usual course and terminated in recovery. None of these children had been vaccinated.

The disease prevailed chiefly during the months of May, June and July; a few cases again appeared in October, and two in January, since which time the city has been entirely free from it.

E. J. MARSH, M. D., *Reporter.*

PATERSON, N. J., May 17th, 1873.

CASES OF CEREBRO-SPINAL MENINGITIS.

BY H. C. VAN GIESEN, M. D.

The first case was a little girl aged 7; Mary McF., one of twins, living on the second floor of a small house in Jersey street, in which street some cases had appeared previously. This patient came home from school, at noon of April 23rd, crying out with pain in the head and back. Shortly afterwards she commenced vomiting, and this continued during the afternoon and night of that day. I first saw the case on the morning of the 24th, at 9 o'clock; she was then lying in bed in a semi-conscious condition, exceedingly restless, and moaning and crying out with pain, which was referred to back of the neck and down the spinal column. There was marked rigidity of the muscles of the back of neck, and also of the muscles of mastication. Vomiting continued at intervals; the pulse was feeble and very frequent.

About the third day a profuse eruption appeared on the body, petechial

in character; not disappearing on pressure; this continued several days and gradually faded away. Deafness was another symptom present through the whole of the attack, and some degree of intolerance of light; there was continual restlessness, and for a week the patient was semi-conscious. The disease reached its climax in this period, and symptoms of improvement then became evident in the diminution of the opisthotonos, a partial return of the sense of hearing, a desire for food and periods of refreshing sleep. Convalescence was completely established in twelve days, and in two weeks from the commencement of the attack, the patient was able to sit up and be dressed.

The treatment commenced with an enema, which produced a free evacuation from the bowels, a warm bath, after which ice was applied by means of a rubber ice-bag to the spine, from the nucha to midway down the back; cold cloths on the forehead; warmth to the extremities; and the administration of quinine in grain doses, every two hours. To allay the restlessness, opium in quarter grain doses was given every three hours, until the effect was produced, then pro re nata. Milk punch and beef tea were given freely and at regular intervals through the day and night. Recovery was complete, no symptoms recurring and no effects remaining from the disease.

The next case commenced May 10th, 1872. A boy about ten years of age had been bathing, and came home complaining of pain in the head and back of the neck. Vomiting commenced and continued at intervals, during the day; at night the rigidity of the neck was marked, and pain was excruciatingly severe in that region. In this case complete deafness supervened, so that the patient could only be interrogated by the use of a pencil and slate. Consciousness was unimpaired during the whole of the illness; the intolerance of light was excessive, so that the room had to be kept constantly darkened; no eruption appeared in this case; the opisthotonos was well marked and increased until about the beginning of the third week of the attack when it declined. There was considerable irritability of the stomach, so that nourishment was with difficulty retained. The duration of this attack was from May 10th to June 17th. The patient never regained hearing to the slightest extent; a state of stupor gradually supervened, and he died in five weeks and a half from the beginning of the attack, as will be seen from the dates.

The third case commenced May 16th. A child, in the healthiest portion of the city, some two years old, was taken with all the symptoms, in a modified form. The disease was of twelve days duration and subsided rapidly.

No prominent symptoms beyond a slight degree of opisthotonos; extreme restlessness and high febrile excitement were present.

The fourth case occurred May 22nd, in a child three years old, in which there was a slight eruption; considerable opisthotonos; deafness, and other symptoms less marked. The duration of the case was one week, ending in rapid recovery. The same treatment, adapted to the several ages, was carried out in all the cases.

On the 26th of May I was called to see an infant, one year old, who was taken sick that morning. The symptoms were profuse and continued vomiting; contraction of the muscles of the back of the neck, and constant tossing of the body from side to side. No eruption was evident. Called again at noon, and reached the house as the child was about expiring. In a few minutes after death, while the body was being washed, an eruption began to appear, which increased rapidly until the whole surface was dotted over with the peculiar spots characteristic of spinal meningitis. The severity of the attack seemed to have been so great as to have destroyed vitality before the lesions of the disease were made manifest.

These embrace all the cases of the disease I treated during the season, and may be summarized as follows:—

Case 1. Duration, two weeks; eruption; recovery.
Case 2. Duration, nearly six weeks; no eruption; death.
Case 3. Duration, twelve days; no eruption; recovery.
Case 4. Duration, one week; slight eruption; recovery.
Case 5. Duration, twelve hours; eruption after death.

SALEM COUNTY.

To Chairman of Standing Committee, &c.:

Disease and death in their varied forms have visited the people of this county during the past year. The average degree of health, however, has been higher than that of the year preceding, with some few exceptions. The summer and autumn were remarkably dry and warm; and dry weather with us generally brings with it comparative immunity from disease.

During the autumn, intermittents and remittents, though

less frequent than usual in other parts, were very prevalent in a circumscribed locality in the northern part of the county. These were generated by the stagnant water collected on the marshes at the head-waters of the Salem creek, by the damming off of the stream near its source; but, though so numerous as to attack the greater portion of the resident population, they were of a mild type and readily yielded to treatment.

Measles and pneumonia were also more frequent than usual during the cold and protracted winter. The first of these disease, was mild and easily managed; but the last was more severe, proving fatal to several aged persons. The treatment of the latter disease most successful was the tonic and supporting; the best results being obtained from the diffusible stimulants and quinia; mur. ammonia and tart. antimon. were given in the sthenic, and chlorat. potassæ in asthenic forms of the disease, with marked benefit in my practice.

Rheumatism, erysipelas and paralysis, and in the order in which they are mentioned, were more prevalent than ordinary. The first was mild in its character and successfully treated by alkalies and colchicum; the two last, though sometimes fatal, presented no peculiarities of feature or treatment, by which to distinguish them from their congeners of former years.

Sudden deaths, apparently from cardiac affections, and from apoplexy, were of frequent occurrence during the period embraced in this report.

With the above-mentioned exceptions, the sanitary condition of the county for the year presents nothing worthy of special notice.

Diarrhœa, cholera infantum, dysentery and fevers, endemic to the locality, were less frequent than usual, and were successfully treated by the ordinary remedies.

While opium, quinia and the preparations of iron still retain their ascendancy as therapeutical agents, the use of chloral hydrate and bromide of potash has greatly increased among the physicians of this section, especially in the treatment of nervous affections. Hypodermic injections have also been much more frequently employed. The exhibition of these remedies has, with a few exceptions, been free from unpleasant results; they are no longer experimental, but have become standard remedies in the estimation of the profession of the county.

QUINTON GIBBON, *Reporter.*

SALEM, May 24, 1873.

CASE: RUPTURE OF THE UTERUS.

BY JNO. KIRBY, M. D.

I was called on the evening of Sept. 12, 1872, to see Mrs. L., aged 34 years; a rather delicate looking woman, and the mother of one child about six years of age. Found the patient in the first stage of labor with the usual "grinding" pains; the os uteri dilated to about the size of a half dollar; head presenting; pelvis well developed. After conversing with the patient and her attendants for about an hour, and finding from the character of the pains that I should probably be kept most of the night, I decided to lie down in the hope of some sleep, and requested the watchers to call me if they or the patient thought they needed me.

In about two hours I was called, and on going into the room was informed by the attendants (intelligent and experienced women), that her last pain had been somewhat harder and they hoped that I would be able to "hurry up matters." There was nothing unusual about her, she engaged freely in the conversation, and I waited, I think, about forty minutes for a return of the pains; but as they did not return I gave her a dose of fl. ext. ergot, which was instantly vomited, still without pain, and she for the first time complained of feeling faint; found the pulse now scarcely perceptible; gave brandy freely and made a per vag. examination; found the os uteri in the same state, but the *child's head was gone;* placed my hand on the abdomen and found the child high up. I at once concluded that I had a case of rup-

tured uterus to deal with, and sent for my friends, Drs. Gibbon and Thompson, of this city, who agreed with me in my diagnosis. Delivery by the natural outlet being impossible in the existing condition of the os uteri, gastrotomy was the only resource left us; but the patient being almost pulseless—in a state of incipient collapse, notwithstanding the large amount of brandy and ammonia that had been given her, we concluded that the operation would be worse than useless. Death occurred on the following evening.

Post-mortem fifteen hours after death: On opening the abdomen, its whole contents were found covered with a firm coagulum of blood; the child lying transversely across its upper part, above the umbilicus, and a transverse rent across the fundus of the uterus, fully twelve inches in length. The uterus appeared to be of the ordinary consistence and thickness.

Upon subsequent inquiries, I have learned that this woman had had frequent miscarriages, some of which were not spontaneous. The unfortunate peculiarities of the case was the absence of any positive signs of the grave nature of the accident; neither severe pain, nor that sensation of something having given away that usually accompanies this dreadful accident, in short nothing to lead any one to suspect the peril to which his patient was exposed.

SUSSEX COUNTY.

To Chairman of the Standing Committee, &c.:

I presume I am in no greater dilemna in regard to making a report of health and disease than other reporters throughout the state; but I can assure you it is a task impossible to perform, without the co-operation and assistance of the physicians in the county. One branch of our State Medical Society is for the purpose of recording, and placing before the physicians in the State a true report of the causes, nature and treatment of disease throughout the State.

It would be as impossible for some person living in Cape May county to give a report of Sussex county, as it is for a physician whose labors are confined to a small territory in one corner of the county, to make anything like a true re-

port, without the other physicians in the county giving some statistics, whereby to make a readable account of the health of the county for the last year.

I was honored at the last meeting of our Society, as reporter to State Society, and some four weeks ago I wrote to every practising physician in the county, to send me some statistics to frame a report. Credit is due only to two. If it should ever be my misfortune again to be elected to the responsible duty, I shall direct all my correspondence to the undertaker, hoping thereby to get the result, if nothing else.

During the last meeting of our Society, all the members expressed and manifested a great desire to have our Society give a full report, and if not done, a fine of five dollars was voted to be imposed on the reporter.

Quite adverse to the Irishman's description of the steam shovel, viz.: "You can shovel, but you cannot vote." Our members vote, but do not shovel.

Within my own practice, it has been a year of remarkable healthfulness; have experienced no epidemics. I learned from some person that small-pox raged in a malignant form near Lafayette, in this county, during the winter; but the physician who had them in charge, votes but don't shovel, so I can make no report further in regard to it. Dr. Pellet writes me that at Hamburgh, N. J., there has been quite a number of cases of infantile erysipelas within a few months; some have been severe; one case fatal. He further says that he heard there had been considerable of it throughout the county, but that I would know more in regard to it after getting the reports from the several physicians. *They* vote, but don't shovel. Pneumonia has not been so fatal in his practice as last year.

Dr. Allen, Vernon, N. J. writes that pneumonia, the past winter, has been severe in his practice; one case terminating

in an abscess, the patient lived about ten weeks from the attack.

I will add that pneumonia, in my own practice, has been unusually severe, having a great tendency to become double; have had four cases of double pneumonia, three of which proved fatal. Had also, in my own practice, a case of ruptured uterus; was not called to see the case until the accident had happened; lady had been in labor about six hours, they said; she was suffering no pains whatever, and had not been for half an hour; on examination, found the os contracted nearly to its normal size, and somewhat doubted the statements of the old women that the child presented its buttocks to their touch but a short time before. I remained about an hour, but no alteration took place; I then gave her some morphia sul. and left, remarking that if their statements be true she had a ruptured womb. Called on her again in the morning and found her in a state of collapse, she died in a short time. She had suffered no pain during my absence. I was permitted to hold a post-mortem, and found both child and placenta in abdominal cavity

I have received a communication from Dr. Ryerson, being a report of his experience of strangulated hernia, and enclose the same with this report.

T. H. ANDRESS, *Reporter.*

Report on Strangulated Hernia.

BY THOS. RYERSON, M. D.

The defects of medical education in the United States, arise from inadequate preliminary acquirements, and a too short curriculum. The first prevents the student from availing himself of the advantages even of the present course of instruction. This course, however, at the best, only gives opportunity for obtaining an imperfect knowledge of abstract general principles, meagerly set forth in brief text books and hurried lectures. Thus set

forth in an elementary manner, and inadequately illustrated by the nominal clinical teachings of the schools, where comparatively few students can ever gain access to a patient, they make only a feeble and evanescent impression. The resulting practitioner, hence, either becomes a routinist, or he afterwards completes his education at the greater or less expense of his patients. It is not wonderful that people are imposed upon by charlatans, when they so often find their confidence unworthily and unhappily obtained by regularly graduated physicians.*

But besides being a fraud upon the public, an inadequate medical education is a source of misery to the practitioner himself; for he is illy fitted to cope with many urgent diseases, and without sufficient resources in brother practitioners similarly situated. There are many responsibilites which he cannot shirk, and yet cannot fully meet, for lack of that further preparation which only the study of special exhaustive treatises, and real clinical instruction can give.

Few, and happy are the practitioners who have escaped illustrations of these truths, in the facts of their own experience. To me, strangulated hernia has been one such illustration; and therefore, in order that some one else may happily adopt, at the outset, a systematic exhaustive study, not only of this, but of every disease, I propose to treat of this ailment in a cursory manner, so as to give a bird's-eye view of the more important principles which it involves. This is not drawn from written notes, but from the experience itself, indelibly stamped upon my memory.

In addition to instances of obstructed hernia which have yielded to the taxis and thus complemented those which have not thus yielded, I have encountered seven cases of strangulated hernia, requiring operation, or at least incurable without it. Two of them, not in my own practice, were fatal; one, in my practice, was fatal, at the end of two years, from artificial anus; one, not in my own practice, and three in it, were followed by recovery, more or less complete. Of the seven, five were so far under my control, that I am responsible for the result; in the other two, for the opposite reason, I am irresponsible. Still I shall speak of these two also, because they illustrate two principles: one of them was an old, irreducible, oft obstructed, inguinal hernia, the dangerous condition of which was unappreciated by the patient, until complete disorganization had occurred; so that, though the

* Besides defects of education, fraudulent practices of students, who desire diplomas as a cloak for mean, selfish gain, and even criminal gain, are rendered possible by the easy-going virtue of certificates of character, and the laxity of final examinations.

attending physician cut down to the sac and divided the stricture outside it, nothing further was done. The sequel proved that nothing could have saved the patient, unless the removal of the whole mass, and the attempt to re-establish the continuity of the sound portion of the gut. The other was a recent crural hernia, which I was the first to suspect and recognize at my first visit, but after the patient was moribund. I should, perhaps, have overlooked it also, had I not been smarting under the recollection of an artificial anus, partly resulting from twenty hours ignorance of the cause of difficulty. In the five cases in which I have been wholly responsible, the operation, as I have said, resulted in four recoveries, and one death by starvation at the end of two years; but two of these recoveries, were only after sloughing, either of the sac, or the omentum, and were followed by occasional attacks of intestinal pain, which have never been cured. It is my firm conviction, that had I known in the beginning, what I might have learned by properly directed study, I could have attained greater success, and have been spared an unhappy experience.

The first principle illustrated is that a hernia is to be looked for in every case of colic; for if we take both severe pain in the tumor and nausea as almost constant symptoms of incarcerted hernia, and rule out every case where these symptoms are wanting, or never look for it unless called to examine a suspicious painful spot, we shall often be led into serious neglect. These symptoms are often wanting in old hernias up to the time of strangulation. Besides, persons may have ruptures for years without knowing it, and in case of obstruction and pain, even in the tumor, may delay seeking advice until the symptoms have become intolerable. Even then, from false modesty, they will simply say they have severe pain in the bowels. Even when questioned as to lumps, or sore spots in the groin, or elsewhere, and after admitting their presence, they will endeavor to prevent an examination by ascribing them to some independent cause. Within two months I operated on a lady, who for eight years had concealed the existence of a tumor in the groin—a crural hernia—which she thought was a gland enlarged by rheumatism of the leg. No doubt, the so-called rheumatism was an effect of the hernia, which she thus had allowed to remain incarcerated for six days before sending for her physician. Fortunately, he detected it at once, and soon recognized the necessity of an operation, which, after consultation with a professional brother, I was sent for to perform, and did perform about midnight. Even in a recent hernia, the pain frequently is all referred to the umbilical region. In some of the five cases which form the basis of this memoir, little or no nausea was at any time experienced. If the symptoms

of colic in any case continued after futile explorations in the usual seats of hernia, and after the due use of remedies, a careful exploration of every other possible seat should be made.

Having discovered an incarcerated hernia, we ought at first to consider it as incarcerated merely, reserving the term strangulated for cases where the taxis had failed. Strangulation, whenever or wherever occurring, is the imminent danger of death to the person or part affected, through total obstruction of the normal flow of one or more vital fluids. I have seen a testicle strangulated by the pressure of a peri-typhlitic abscess on the spermatic vein, behind the iliac peritoneum. In hernia merely incarcerated, the obstruction is at first partial, though it soon becomes complete strangulatation. The terms incarceration, obstruction and strangulation are, hence, often confounded and used interchangeably. Hence, since incarcerated, obstructed hernias are often relieved by taxis, and yet are called strangulated, it comes that strangulation is considered to be of degrees, only the last of which requires a cutting operation; and so inadequate remedial measures are persevered in until no remedy is adequate.

How then shall we relieve the incarcerations and obstructions? A proper understanding of the various causes of them suggests the answer. These causes are fæcal accumulation, the solid tissue of the protruded organs themselves, and an inordinately increased flow of blood into the hernia, due to disturbance of the general or local circulation. Obstruction, from the first cause, is very common in old hernias, and is generally dealt with by the patient alone. Sometimes, however, feculent matter is so tightly jammed into the neck, that he is forced to call assistance. It is easy to understand how semi-solid fæces may be lodged in the neck of the tumor by strain, or how increased peristaltic action, necessarily imperfect in the tumor, may cause an accumulation there, at first occasioning no uneasiness, even when it has slipped out from under a truss, much more when no truss is worn. As soon as perceived, the patient practices a maneuver which experience has taught him, and reduces it at once. If not speedily reduced, obstruction—soon to end in strangulation—results from such infarction. The veins yield to the pressure before the arteries, and congestion—with or without pain—becomes obstruction, and obstruction strangulation.

Again, when a violent strain, or blow upon the abdomen, develops a new hernia or aggravates an old one, the tissue in passing through the ring is stripped, as we strip a leech, so that more tissue is crowded into the ring, than could have entered if the vessels had retained their calibre. The veins having yielded most, the balance of the circulation is destroyed, and conges-

tion and its consequents follow, the reaction of the elastic coverings hastening the final result.

Further, if a sac is already so full that the pressure of the integuments allows only a moderate flow of blood out of the tumor, by sudden quickening of the general circulation, or a local irritation inducing increased arterial contraction, the same obstruction is soon produced. These cases often occur, and are relieved by the patient lying quietly down.*

We never know beforehand to which of these causes obstruction is due, but it will be seen that all alike have one termination in sanguinous engorgement. But in instituting treatment, we follow in the same order, counteracting the causes and removing their accomplished effects. And we act as if all three causes were coöperating (as they may be): we quiet the circulation, and remove from the stricture whatever hinders the regress of the blood, at the same time hindering the further accumulation of that fluid, or if possible, at once diminishing its amount.

If we ask an old hernial patient how to reduce the rupture, he will reply, "Lie down, draw the knees up, gather up the tumor closely into one hand and squeeze it, whilst with the finger of the other it is worked back by degrees. At last it will all go back at once." This is a verbatim definition of taxis by one of my patients. He unconsciously described quite well just what we do in the case. We hope that fæces is blocking the ring, which we can either press back into the abdomen, or down into the hernia, which is what has been done by those who direct us to pull the whole hernia downwards. By drawing the compressing fingers continually along the neck of an inguinial hernia, we press the blood also back into the abdomen, whilst behind the fingers, the vessels fill again, because of the pressure of the other hand. The repetition of this maneuver sensibly diminishes the

* I had written thus far, when I was interrupted by a physician who requested me to reduce a hernia in a lady having tubercular consumption, which had been slightly painful for two weeks, the date of its first discovery. She supposed that it first appeared at that time, caused by the strain to save herself from a fall as she was standing on an overturning chair; but I doubt not it was of longer duration, and had resulted from the cough. It was a direct inguinal hernia, and the finger easily followed it when reduced. Most of it disappeared spontaneously when she laid down, and it was easily returned when she was erect; but after it was discovered, by an accidental obstruction, her fears kept her constantly working with it, and thus, the local irritation and the cough on one side, and the efforts of the patient on the other, kept the circulation nearly balanced. The congesting causes, however, being constant in their operation, gained the victory, and it became slightly incarcerated, but was reduced precisely as will be described in the text.

tumor, until at last, the protruded organs begin to return, and finally go back suddenly, and if intestine, with a gurgling sound. This suddenness is characteristic. If the swelling has disappeared without it, it is probable that it has re-entered the abdomen still inclosed in the sac. Or the disappearance may be partial, of the fluids only, and if left undisturbed will soon regain its original size.

If this maneuver, continued for a few minutes, fails, no further time should be lost. Longer manipulation will only contuse the parts. Full anæsthesia and sedation, local and general, must be employed, whilst an appropriate relaxing posture, and steady and firm, but gentle, equable pressure are maintained. Medicines by the mouth either will be rejected or imperfectly absorbed. A full hypodermic exhibition of morphine will be useful, both during and after the reduction. This is at once followed up with a full anæsthetic: and finely powdered ice, or snow and water, in an ice-bag, is used both for local sedation and as a medium of firm equable pressure. Indeed, if assistance was at hand, this would have been a proper application at the beginning, steadily maintained throughout. The taxis as above directed is then resumed. If it fails, an effort should be made to draw down the whole tumor, whilst the manipulation at the neck is kept up. The effect of this is to allow any intestinal accumulation to be diffused through the tumor, so as to free the neck. Of course it will be readily understood that the neck of a crural hernia is not very accessible. Accordingly, five of the foregoing seven cases, requiring operation, were of this sort. Authors agree that it is more difficult of reduction than inguinal hernia, and they ascribe it to the tighter stricture. My impressions are that it is because the neck is short and underlies the upturned tumor, which cannot be drawn down effectually.

In all the foregoing manipulations it will be observed that no effort is made to crowd the tumor through. This crowding is very frequently taught. I heard a very distinguished surgeon, at one of the first colleges of the land, illustrate this doctrine, by telling the students that though one could not push a handkerchief bodily through a keyhole, it might be pushed through little by little. It could be only by a succession of punches that a hernia could thus be returned, if at all, which is at least problematical, whilst the operation would be very contusing, and would unfit both hernia and coverings for the operation and its consequences, if that became a necessity. I cannot avoid the conviction that the tissues never return until, by slow, careful manipulation, the blood accumulation has been diminished. When it is remembered how difficult it is to insert a hernia

knife into the stricture, the belief that the neck can be pushed through it will not be strong. When the ring is plugged by tissues or irremovable fæces, so that the arterial flow is stopped, nothing short of a division of the stricture will relieve the patient. If the stricture is so loose that this punching process would succeed, the other will certainly succeed also, and without contusing the tissues. Indeed, when I first tried it, and successfully, it was when I was at the point of giving up the reduction by this other manipulation, in which I had been educated. If the gentler method, patiently tried, fails, the operation is the only resort. I hope I shall be pardoned if I repeat as emphatically as possible, my belief that the truly philosophical, and for that reason, the most successful, mode of taxis is to return the fluids first.

But it has been lately advised not to decide on an operation before trying the effect of withdrawing a part of the fluids, to wit: the gas, by paracentesis, or aspiration. This once seemed to me so plausible, that if I had had an opporunity for trying at that time, I should have put it to the test. But reflection convinces me that it is, at the least, useless, and in case of an operation, detrimental. For if the stricture is so tight that the foregoing manipulations will not return gas, it is certain that this sharp, narrow ring, or longer stricture, will contain only fluid that is irremovable by any force that would not disorganize it; and therefore, if more room were obtained in the sac by this removal of gas *ab extra*, there would be no consequent relief to the stricture. A hernia from which the gas is removable by pressure, is often found irreducible by taxis: everyone knows that a water-tight stop-cock will leak gas largely. It may as well be remarked here, although out of place, that practitioners have been deceived into using undue pressure, by not remembering that the bulk of pent-up gas is inversely to the pressure upon it. Finding the tumor diminishing, they increase the force injuriously. I have done it myself, and have seen it done by others.

No definite time can be fixed as the limit for the taxis; it will depend upon the urgency of the symptoms. Even here, however, there is danger of deception, through the tolerance of phlegmatic patients. I have, in three instances, seen the pulse but little accelerated, very little nausea, and no complaint of pain, unless when asked about it, at the very time that the intestine was a dark purple, and the sac was so injured, as in two cases to slough, and in the other, it had just begun to have that leathery or sodden look and feel which, when fully developed, indicates death of the part. If we are to draw any conclusion from nausea and pain, in connection with an unreduced hernia, it is that danger is indicated by this diminution, unless the pulse and the countenance, and whole demeanor indicate that relief has

so great. But sometimes—as I have seen—an apparent omental displacement conceals a knuckle of intestine no larger than a walnut—the latter purple enough; the former apparently uninjured. As a rule, an old hernia is more tolerant than a recent one; but within six months I have seen a recent strangulated intestine underlying an omentum that had been unreduced for years. There seems no other way of determining the time for an operation than this: If the practitioner is confident that his taxis is judicious, and if he is satisfied that at the end of two hours he has not reduced the size of the tumor, except by compressing its gas, he ought to be satisfied that he cannot do it in any time. Indeed, before the end of that time, it would be prudent to call a counsellor. But if I were the patient, I would prefer an operation, to two or three vain repetitions of the same manipulations. Still, where all are peers, those called in to assist in the operation ought to "try their hands." Only let the motto be "*carpe diem.*" The operation itself is not so dangerous that it should have inspired the generally existing professional dread of it. If we reasoned with our fears, we would find in this case, that the delay to operate was the dreadful thing. Nor is it in the least difficult, till after the stage of division of the stricture. After that, if the operation has been delayed, the return of the organs is sometimes difficult.

These operations are suddenly called for, and must often be performed upon a bed, in a small and poorly lighted room. We make the best preparations possible. There is one preparation that is indispensable: a mind undistracted by anxiety in regard to the degree of etherization. If one can not have confidence that the administrator understands this instrument, and will give his undivided attention to it, it should not be used. I dispensed with its use on a very nervous aged lady, and have never regretted it. On the other hand, I was once amputating a shoulder-joint, when a gentleman, every way my superior, undertook the real operation (compared with which the cutting and enucleating and tying were child's play) of compressing the subclavian, and administering chloroform. Baron Larrey's celebrated field performance of removing the upper extremity alone, compressing the inner flap as he divided it, would be a safer operation. But there was no alternative; though, as might have been expected, we had to suspend the amputation, in order to resuscitate the patient, who indeed died next day, as my conscientious friend always insisted, from the chloroform. Other instances might be added of careless (not ignorant) use of anæsthetics—even ether alone—two of them fatal. These I either witnessed or learned on reliable authority as they occurred, not in private practice only, but in city and army hospitals.

One preparation is the precise determination, beforehand, of the details of the operation. In private practice, and among those who stand on the same professional platform, operations are apt to be accompanied with a "running fire" of consultation, which is indeed highly improper. Most contingencies can be foreseen and provided for, and the operator can succeed more certainly by carrying out his plan, and should not be disturbed with an offer which Mr. Lincoln always rejected, viz: to "swap horses while crossing the stream." Another evil of this bed-side consultation is that it distracts the principal assistant, who is giving the anæsthetic. It ought to be a maxim that etherization is a capital operation. But because of these distractions among general practitioners, there is a risk in using chloroform. Therefore it can be exchanged for ether, after a tolerance of this has been established. In circumstances where there is a risk of the explosion of ether—as in a very small room, by night—it is well to remember that chloroform is not inflammable.

In crural hernia, there is a division among surgeons as to the number and direction of primary incisions. Pancoast and others think that one, parallel to Poupart's ligament, is ordinarily sufficient. When two are made, Pancoast directs the second to be a T, obliquely outwards and downwards, but gives no reason for it. All later writers whose plan I now call to mind, direct and represent this incision as directly downwards, obliquely to the first. I always followed their advice, for which no reason was given by them, but finding the saphenous branches in the way, once made a second cut upwards. This taught me at once all the reasons for the true rule—1st, a cut upwards does not add to the facility given by one straight incision, because the object is to turn the tumor downwards off Poupart's ligament, so as to gain access to the stricture. 2d, it does not facilitate drainage. But a cut downwards and outwards will be followed by less hemorrhage, and what is more important, will allow the tumor to be brought completely down, without the least stretching of the already suffering integuments, which becomes a matter of considerable importance subsequently, in regard to healing.

The best authorities agree in recommending the first incision to be made from within, outwards, by pushing the scalpel through a fold of the integuments, and extending it afterwards by free-handed dissection. But if the integuments are well pinched up, and the scalpel is held with its straight back tangential to the tumor, the requisite length over a small tumor can be obtained, and no injury be done to the sac. I do not think that can be pinched up with the integuments; and if the fold is partly held by an

assistant, the tangential line becomes evident. Of course it is better to take a little more time to extend the incision in the usual way, rather than go so low as to strike the tumor, instead of glancing over its apex. The usual cut is directly outwards, making one straight incision. But if I am hereafter called to do this operation on a small hernia, I shall bring out the scalpel obliquely towards the thigh, thus making an open V incision, giving room for the turn down of the hernia, and greatly facilitating subsequent neat approximation of the tissues. For facilitating the extension of the first incision, as well as making the second from within, outwards, as well as when the integuments are first pinched up, the gaseous distension is very serviceable. It increases the tension which prevents the sac from being raised with the integuments, and as the coverings are divided, the tumor at once pouts through the opening. Whilst this displays the tissues, and saves dissection, and thus facilitates exposing the tumor, it however also necessitates care in the divisions. In consequence of the pouting, the face of the tumor alters its direction just at the point of the knife. As the exposed part is before the eye, and an object of close attention, there is danger lest the direction of its surface be taken as the same as that below the uncut overlying integument. This error would carry the knife too deep as the incision was prolonged. Persons who are timid may insinuate a director between the different tissues, and cut outwards, in continuing the division of the external tunics, as well as the deeper, thinner, tenser ones. But this will interfere somewhat with subsequent re-union.

Though ligatures may be provided even for this stage of the operation, they will not be needed at this stage, if at all, unless in a very anomalous distribution. Nothing beyond compression of the lips between the fingers as the operation proceeds, will be necessary. Experienced practitioners will smile at this minuteness of detail; but if they recall the days of their professional youth, they will have visions of unnecessary ligatures jutting up between their first incisions, serving only to delay union. We all learn best in the concrete, and from examples. And though it is generally supposed that there are certain general principles, involving as certain details, common to all operations, yet very few but have exclaimed to themselves, after personal, perhaps mortifying personal experience, has impressed one of these principles: "how could I have been so stupid! I ought to have noticed more particularly the allusions to this in the Principles of Surgery."

The *modus operandi* of opening the sac does not come into this category. It has been often enough and well enough set forth in every text-book.

It is far more important to determine the propriety of opening the sac,

than the manner of doing it. It would be well, if possible, to settle the question before attempting a division of the stricture outside, for the neck of the sac itself may be thickened and a cause of constriction to be divided. If a hernia is old this is more than likely. But if the case is recent, has been but a short time incarcerated, has not been subjected to undue manipulations, or to anything adverse to its well-being, the stricture should first be divided outside, *and the protruded organs reduced first, and the sac afterwards.* So, indeed, in an old hernia under the same conditions as to treatment; but on no account should both sac and contents be reduced together, or in part together. In an old case it is clearly improper, and in a new one, there will probably be an immediate inflammatory thickening—proliferation—which will retain the contents, and give subsequent, perhaps fatal trouble. Much more in an old rupture, as the following shows:

Last fall I divided a stricture outside the sac of a crural hernia, which was an old omental rupture, with a secondary intestinal one, under it into the same sac. The intestine was replaced, as was proved afterwards by the regular movements of the bowels. The omentum would not follow. I never had, in the past years, been able to reduce it, though it had never given trouble. Thinking that the replacement of the intestine gave it plenty of room, I reduced both omentum and sac together. The parts had suffered from delay; waiting for the requisite assistance. As soon as the circulation was restored in this now internal hernia, the omentum inflamed, tumefied, filling up the neck from which the intestine had been freed, became strangulated, spacelated. The sac suppurated and was ruptured into another abscess, which had been formed by the limiting adhesions of the peritoneum connected with the ring, through which the whole was finally discharged; the recent adhesions of the integuments giving way before the pressure. The diagnosis was made by means of the carbolic acid solution injected at the suggestion of Dr. Andress, our present reporter, the son of the patient, who probably thus contributed very materially to his mother's recovery, by preventing septæmia, as he also contributed to clearing up the case. When the fetor of the discharges had been removed, and even a pint of water had returned clear, a pressure over the abdomen, just above the abscess, and upon a thickening there felt, would renew the fetid discharges.

If the hernia cannot be reduced otherwise, of course the sac must be opened. But what are the appearances and conditions which determine the opening of the sac before any attempt at reduction? There is a dull, sodden look to the sac, in such a case, which I cannot describe, but which, once seen, is always remembered. Besides, if the contents have a dark look, all

doubt is removed, for they require to be closely, immediately inspected, as to their vitality. But the adipose may not give any sign of the mischief that has been wrought in it; it may appear clear and bright through the sac; or the hernia may be so small that the sac will not reveal the appearance of what it incloses. In the case of omentum also, there may be underlying it a knuckle of very purple intestine, or even one sloughing, or badly ecchymosed. The case of the lady who so long concealed her condition, was thus concealment to the last stage. Deep under a mass of omentum was a small knuckle of intestine, darker than a Catawba grape; but the propriety of returning it was quickly determined by rules everywhere so clearly laid down, that they need no recapitulation.

I think the rule ought to be established to open the sac, if the hernia had been over four hours subjected to manipulations, and have increased in size meanwhile; and more particularly, if it had been down for a longer period, without much handling, and the patient had become more tolerant of the pain, whilst the pulse, countenance, and demeanor contradicted the indications of that single symptom.

I presume every one would choose a hernia knife, because its flattened end is easier introduced than an ordinary probe-pointed bistoury, and because its cutting edge is so short. But they are too wide at the cutting part; I have ordered one in which the cutting edge is set back, as it were, forming a notch, the bottom of which is the knife proper. With this, I think, I shall be able to determine more easily when the inner side of the stricture has been reached by the cutting edge, which can then more easily be turned up against it. The only other cutting instrument needed is a straight-backed scalpel, though in many illustrated works on surgery, a spear-pointed, curved bistoury is represented, both in the first incisions and over the director, and a scalpel in the dissections. But it consumes time to make unnecessary changes. In notching the stricture, pressure only is used, which cuts the tense tissues, but not a stray vessel. But it must be very steadily done, with a supported hand. In this operation, the knife is held as a lever of the third order, the end of the handle being fulcrum. The grasp then should be as near the stricture as possible, to diminish the excess of motion above that felt by the fingers grasping. At the best, the blade seems to have an accelerated motion after it starts. In crural hernia where we cannot safely make a deep notch, we can make two, and the portion between will roll in. However, if the knife just passes the stricture we can cut safely, even with a vessel above it.

But why, when there are no adhesions within the sac, and there is evident

room through the stricture, is there sometimes difficulty in reducing the hernia? I fear that beginners are too often in haste, forgetful that the principles of taxis are always the same, and may sometimes notch a second time unnecessarily. Bystanders may be in a hurry, but our maxim is "*sat cito si sat bene.*" Unnecessary notching is a misfortune; it will, perhaps, even render the future employment of a truss unavailing. This haste may be the only difficulty in the case.

But I am convinced that internal adhesions may prevent. We know that many hernias are incarcerated many more hours than are sufficient for pretty firm adhesions of a surgical division of tissue, and of denuded mucous or serous surfaces. In a case of congenital, inguinal hernia, 40 years old, which had been generally kept up by a truss, but was quite large, the part involved seemed to be a pouch from one side of the sigmoid flexure of the colon. At least, the finger could not go round it, or through any opening in the puckered neck, and only one longitudinal band appeared. I enlarged the ring until my finger entered the abdomen, all around the neck; after thus carrying it around, the whole tumor went back without difficulty. I think the intestine lay across the ring, with this pouch from it constituting the hernia. I did not think it justifiable to settle the question by an exploring expedition into the abdominal cavity. The patient revovered very promptly.

As I have had no experience of any other species of strangulated hernia, this concludes all I have to remark upon, except the after treatment. In this, one principle is paramount, viz: the maintenance of freedom from pain and of rest for the injured part, if it be intestine. After the operation, it is temporally paralysed and softened, and liable to distension. It is also liable to ulceration of the part pinched in the stricture, the ulceration beginning in the mucous coat. Hence, active peristaltic motion in the portion of intestine above endangers rupture of all the coats. The intestines should not be emptied by cathartics for a fortnight. If there are no suspicious symptoms, injections meanwhile are permissible. By the end of that time, opiates will have been withdrawn long enough for the spontaneous action of the bowels. If a laxative dose of oil then causes pain, do not repeat it in several days. In one of the foregoing cases, no cathartic was given for twelve days, and after several evacuations otherwise obtained, and after the cessation of fever and all complaint of pain, with a good appetite and a clean tongue. The case was one that had been unrecognized for twenty-four hours, the rupture recent, and operation delayed for want of assistance, of several hours duration. A little pain followed the laxative. Two

days afterwards, another laxative produced great pain and constitutional disturbance, followed in two days by discharges of chylous looking fæces through the ring. The patient died of starvation in about two years, having refused any operation for her relief.

I conclude these remarks, by saying that our treatment of obstructed hernia should be so judicious, decided, and prompt, at every step, that if an operation becomes necessary, it shall be followed by no untoward symptom, and that the intestine shall be reinclosed by the immediate reunion of the integuments, which will be very likely if the sac has not been opened. The risks of the operation itself are not so great as the prejudiced and prejudicial dread of it. The only dreadful thing is such treatment before and after the operation, as to render it unavailing. If my success has been greater than the average, it has been despite of not fully following the foregoing principles, all of which, seen in the light of experience, seem important. Surely, better success would have been attained by strictly following them. The foundations of the healing art are "*obsta principiis, in principiis stare.*"

[In correcting the proof of the foregoing, on this 1st of November, I find the obscurities and other faults of hasty authorship so great that I would gladly suppress this report and re-write it, leisurely and carefully, for another year's "Transactions," but the plan of the Committee of Publication cannot now be changed. My hope is that those interested in the subject will, after all, get at my meaning, though the topic sought to be compressed in a few pages might well make a volume.—T. R.]

WARREN COUNTY.

To Chairman of the Standing Committee, &c.:

In this hill country, we rarely see the extreme effects of solar heat amounting to sun-stroke; but the prolonged heated term of last summer furnished patients with symptoms referable to this cause as a morbific agent. Mental aberration in mild form and of short duration—complete temporary amaurosis, without coma or marked cerebral excitation—and a general malaise shown by impaired muscular and mental energy, were the morbid conditions we had to deal with.

Intermittents were unusually rare, but the cases of continued fever met with, although not numerous, were more than usually fatal—a sudden and rapid failure of the circulation was the peculiar tendency to death.

The prolonged winter, with its lowest average temperature and great amount of snow fall, was one of unusual health. Pneumonia was rare, bronchial affections not numerous, and tne average fatality from all causes the lowest known for many years. No epidemics have prevailed to my knowledge.

Our County Society is flourishing.

J. C. JOHNSON, *Reporter.*

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